

# **Behavioral Health Services**

## **Maricopa County RFP**

### **Databook**

**Prepared by:**

**Mercer Government Human Services Consulting**

**For:**

**Arizona Department of Health Services**

**Division of Behavioral Health Services**

# Table of Contents

<b>Introduction</b>	<b>1</b>
Background	1
Purpose	1
Disclaimer	1
Maricopa County Map	2
<b>Report Descriptions</b>	<b>3</b>
<b>Adjustments to Data</b>	<b>8</b>
<b>Data Reports</b>	<b>10</b>
Title XIX — Children Not Enrolled in CMDP	10
Demographic Tables	10
Historical Rates	13
Encounter and Financial Data Reports	14
Title XIX — Children Enrolled in CMDP	18
Demographic Tables	18
Encounter Data Reports	22
Title XIX — SMI Adults	26
Demographic Tables	26
Historical Rates	29
Encounter and Financial Data Reports	30
Title XIX — GMH/SA Adults	34
Demographic Tables	34
Historical Rates	37
Encounter and Financial Data Reports	38
Title XXI — Children	42
Demographic Tables	42
Historical Rates	45
Member Months	45
Title XXI — Adults	46
Historical Rates	46
Member Months	46
Title XXI HIFA II — Adults	47
Historical Rates	47
Member Months	47
Title XIX DDD-ALTCS — Children	48
Demographic Tables	48
Financial Data	50
Title XIX DDD-ALTCS — Adults	51
Demographic Tables	51
Financial Data	53
Non-Title XIX/XXI Children	54
Demographic Tables	54
Financial Data Reports	56
Non-Title XIX/XXI Adults — SMI	60
Demographic Tables	60
Financial Data Reports	62
Non-Title XIX/XXI — GMH/SA	66
Demographic Tables	66
Financial Data Reports	68

<b>Summary of Historical Rates</b>	<b>72</b>
<b>Summary of Title XIX, Title XXI, and Non-Title XIX/XXI Disbursements</b>	<b>73</b>
<b>Rate Setting Methodology</b>	<b>85</b>
SFY05 Rate Update Methodology	85
SFY04 Rate Setting Methodology	92
SFY03 Rate Setting Methodology	99
<b>Summary of Revenues and Expenses</b>	<b>106</b>
<b>Diagnosis Prevalence</b>	<b>108</b>
Title XIX/XXI Children	108
Non-Title XIX/XXI Children	110
Title XIX Adults — SMI	112
Title XIX Adults — GMH/SA	114
Non-Title XIX/XXI Adults — SMI	116
Non-Title XIX/XXI Adults — GMH/SA	118
<b>Zip Code Distribution</b>	<b>120</b>
<b>Historical Problem Resolution Data</b>	<b>127</b>
<b>Prevention Services</b>	<b>129</b>

## ***Introduction***

### **Background**

As part of the Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS) behavioral health procurement process, prospective Offerors are furnished with a copy of this databook. This databook contains demographic, enrollment, eligibility, encounter, financial, diagnosis prevalence, zip code distribution and historical problem resolution data which may be helpful to Offerors in developing their proposals. This databook presents several data elements including:

- Demographic Data;
- Enrollment Information;
- Eligibility Data;
- Encounter Data;
- Financial Data;
- Diagnosis Prevalence Data;
- Zip Code Distribution Information; and
- Historical Problem Resolution Data.

Data is presented for the following populations:

Category of Aid	Children	SMI	GMH/SA
Title XIX	X	X	X
Title XXI	X	X	
Title XXI — HIFA II		X	X
Title XIX — DDD/ALTCS	X	X	X
Non-Title XIX/XXI	X	X	X

The Behavioral Health Covered Services Guide defines and describes the service category criteria used for each of the service categories shown in the appropriate sections of this databook. Please refer to the Behavioral Health Covered Services Guide for additional information.

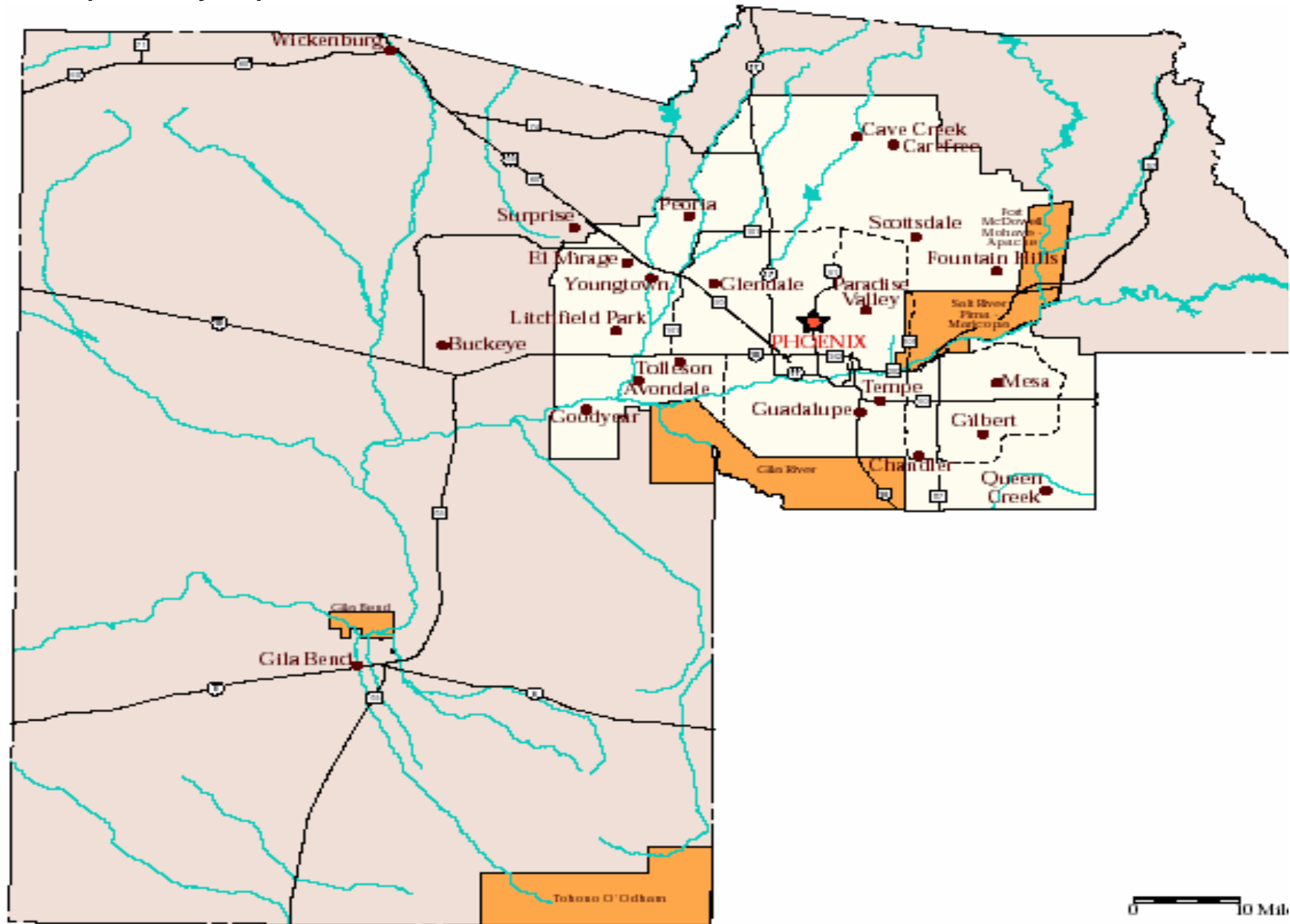
### **Purpose**

The purpose of this databook is to provide interested parties with summarized demographic, enrollment, eligibility, encounter, financial, diagnosis prevalence, zip code distribution and historical problem resolution data for Maricopa County. Potential bidders can use this databook to supplement their own experience when reviewing the capitation rates presented in the RFP.

### **Disclaimer**

The user of this databook is cautioned against relying solely on the data contained herein. The DBHS and Mercer provide no guarantee, either written or implied, that this databook is 100 percent accurate or error-free.

## Maricopa County Map



## ***Report Descriptions***

Data is presented by State Fiscal Year (SFY) for Maricopa County. The DBHS state fiscal year runs from July 1 through June 30. For example, SFY02 runs from July 1, 2001, through June 30, 2002. All data is presented for SFY00 through SFY03 when available. Also note that in some instances, data presented for SFY03 includes only the first six months of SFY03 (July 1, 2002, through December 31, 2002). Non-Title XIX/XXI program encounter data will be provided as a supplement at a later date. Demographic and enrollment data is presented for all programs.

Each of the below reports for the Title XIX, Title XXI, and Non-Title XIX/XXI programs, when applicable, are presented for the following populations :

- Title XIX Children Not Enrolled In CMDP
- Title XIX Children Enrolled in CMDP
- Title XIX SMI Adults
- Title XIX GMH/SA Adults
- Title XXI Children
- Title XXI Adults
- Title XXI HIFA II Adults
- Title XIX DDD-ALTCS Children
- Title XIX DDD-ALTCS Adults
- Non-Title XIX/XXI Children
- Non-Title XIX/XXI SMI Adults
- Non-Title XIX/XXI GMH/SA Adults

## ***Demographic Tables***

The Title XIX and Title XXI Demographic Tables provide information regarding Maricopa County behavioral health recipients for SFY00 through SFY03. All tables are populated to the extent that data was available.

Each Title XIX and Title XXI report is divided into two main sections: 1) AHCCCS Eligibles and 2) Enrolled Behavioral Health Recipients. Both sections contain the following information. Each year shows recipient stratification within age bands, gender, and race/ethnicity. The age of each recipient was calculated at the end of each SFY. There are totals by age band for each gender, as well as totals by year for each race/ethnicity. The counts for each cell represent a recipient only once, eliminating possible multiple entry and exits to the system over the course of the SFY. The data represent data extracts for the month of June each year.

### **AHCCCS Eligibles**

The AHCCCS eligibility portion of the report represents counts of potential recipients as reported to the DBHS by AHCCCS. The Native Hawaiian/Pacific Islander population is included within the Native American eligible counts. The AHCCCS Adults Eligibility are the same numbers for Seriously Mentally Ill (SMI) and General Mental Health/Substance Abuse (GMH/SA).

The information for the DDD-ALTCS reports is derived from a separate roster from that agency. The population of eligible counts represents the entire DDD-ALTCS roster.

### **Enrolled Behavioral Health Recipients**

This section depicts the Enrolled Behavioral Health Recipients. The information was extracted from the DBHS computer systems.

### ***Historical Rates***

Historical capitation rates for each program and population are provided for SFY00 through SFY04. Historical capitation rates are those paid to the contractor. The rates in these tables are those paid for Maricopa County only.

### ***Encounter and Financial Data Reports***

Encounter data was taken from the DBHS encounter files. Financial information was taken from contractor submitted financial statements. Encounter data presented in this databook is for dates of service from July 1, 1999, through December 31, 2002, and paid and processed through June 30, 2003.

The utilization and average cost per service data in this databook is based on encounter data submitted by participating behavioral health providers to the DBHS. An encounter is a record of services provided to DBHS enrolled persons. The DBHS, with assistance from Mercer Government Human Services Consulting (Mercer), compiled the encounter submissions and summarized them in a series of tables for the Offeror to use. Because providers may not have reported complete or completely accurate encounter data, the utilization and average cost per service tables may not represent actual experience. Consequently, despite considerable edits within the encounter validation process, the DBHS cannot guarantee the reliability, accuracy, or validity of this data, and the Offeror should use this data with caution.

### **Member Months**

Member months are reported for the populations and are the counts of the number of categorically eligible people in each program, for each month of capitated payments. This is the total number of months for all eligibles within the specified population. For the Non-Title XIX/XXI population, the enrollee months are shown, which are counts of the number of enrolled people in the program for each month.

### **Unique Utilizers**

This represents the number of individuals utilizing each service item at least once in the given time period. Individuals are counted only once per service item and time period, regardless of the number of times a particular service was accessed.

### **Units (Completed Utilization)**

This represents total utilization, i.e., days, units, or encounters, for each service line item. Because the units shown in these tables represent broad categories of service, the units within each of the categories of service will not be uniform. For example, one category of service (COS) may include encounters with units consisting of days, number of encounters, and/or office visits. Each of these would be counted as one unit and summed to derive the units for the entire COS. Units are completed using the same monthly completion factors as the encounter dollars.

### **Completed Encounter Dollars**

This represents the total incurred encounter amount for each service item. These encounters were summarized based on date of service, category of service and population. The dollar amounts shown in the tables are after the application of completion factors and therefore represent the total incurred amounts.

### **Annual Units per 1,000 Members**

This represents the utilization divided by member months and then multiplied by 12,000. Mercer uses annual utilization per 1,000 to standardize the historical utilization by COS, allowing for direct comparisons of utilization, regardless of enrollment changes. It is calculated using the following formula:

$$[\text{Completed Utilization} / (\text{Member Months})] \times 12,000$$

Similar to the encounter dollars, the completed Annual Units per 1,000 uses completion factors to account for any encounters that have not yet been reflected in the system.

### **Average Cost per Service (Unit Cost)**

This is the average cost of each service line item. It is calculated using the following formula:

$$[\text{Completed Encounter Dollars} / \text{Completed Utilization}]$$

### **Encounter Cost PMPM**

This is total incurred encounter dollars expressed on a per member per month (PMPM) cost basis. It is calculated using the following formula:

$$[\text{Annual Units per 1,000} \times \text{Unit Cost}] / 12,000$$

### **Financial Statement Dollars**

This represents the total estimated incurred amount for each service item as reported in the financial statements submitted by the existing contractor for Maricopa County. Dollars are shown gross of pharmacy rebates.

### **Financial Statement PMPM**

This represents the total estimated incurred amount for each service item PMPM as reported in the financial statements submitted by the existing contractor for Maricopa County.

### ***Summary of Historical Rates***

This table summarizes the historical capitation rates paid to the Maricopa County contractor for each population.

### ***Summary of Title XIX, Title XXI, and Non-Title XIX/XXI Disbursements***

These tables summarize the historical Title XIX, Title XXI, and Non-Title XIX/XXI disbursements made to the contractor in Maricopa County for SFY00 through SFY03.



### ***Rate Setting Methodology***

This section contains the rate setting methodology used for the SFY05 rate update, and for the rate development for SFY03 and SFY04.

### ***Summary of Revenues and Expenses***

These tables show the summarized revenues and expenses by population for SFY00 through SFY03. Aggregate totals are net of pharmacy rebates.

### ***Diagnosis Prevalence***

The Title XIX/XXI Diagnosis Prevalence Tables provide information regarding Maricopa County behavioral health recipients for SFY03. The information was extracted from the DBHS computer systems. The data represents diagnoses for unduplicated clients. Tables are populated to the extent that data was available.

Each report is divided into two main sections: 1) Diagnosis from Assessments and 2) Diagnosis from Encounters. The data represent data extracts for SFY03 and are presented by population.

#### **Diagnosis from Assessments**

This section contains the diagnosis code and the description of the twenty most prevalent diagnoses, the count of clients for each primary diagnosis, and the number of clients with a secondary diagnosis.

#### **Diagnosis from Encounters**

This section contains the diagnosis code and the description of the twenty most prevalent diagnoses, and the count of clients for each primary diagnosis. The data is pulled from the most current encounter available. The number of clients with a secondary diagnosis is not available from the encounter file.

The two adult reports identify diagnosis prevalence by SMI and GMH/SA.

### ***Zip Code Distribution Table***

The Zip Code Distribution Table provides information regarding Maricopa County AHCCCS eligible persons and Behavioral Health Service recipients for June 2003. The table is populated to the extent that data was available. The information was extracted from the DBHS computer systems.

The report shows the zip codes within Maricopa County. The Title XIX/XXI AHCCCS Eligible Counts represents the number of clients eligible for behavioral health services under AHCCCS within a zip code. The Title XIX/XXI Enrolled Counts represents the number of behavioral health recipients under AHCCCS within a zip code. The Non-Title XIX/XXI Enrolled Counts represents the number of behavioral health recipients that are not AHCCCS eligible within a zip code.

### ***Historical Problem Resolution Data***

The Problem Resolution Table provides information regarding reported problems for Maricopa County Behavioral Health Service recipients for SFY02, and the first half of SFY03. The information was extracted from the DBHS computer systems. The problem resolutions are organized according to the COS based upon the Behavioral Health Covered Services Guide. The table is populated to the extent that data was available.

The report shows the counts by Problem Resolution Categories reported to the DBHS within Maricopa County. The problems are further stratified between Children, SMI, and GMH/SA.

### ***Prevention Services***

This section presents data for Prevention services. The tables include the dollar amounts for Prevention services from the financial statements for SFY00 through the first six months of SFY03.

## ***Adjustments to Data***

The base data included within this databook consists of encounter data for Maricopa County for July 1, 1999, through December 31, 2002. In addition, financial reports spanning the same time period are used to supplement the encounter data.

### ***Completion Factors***

The base encounter data includes encounters received through June 30, 2003, with incurred dates from July 1, 1999, through December 31, 2002. Completion factors to account for unpaid claims liability were developed and applied by month. Completion factors were developed separately for behavioral health non-drug benefits and prescription drugs. The separate and overall (behavioral health non-drug benefits and prescription drugs combined) completion factors by SFY for Title XIX are as follows:

Title XIX	SFY00	SFY01	SFY02	SFY03
Behavioral Health Benefits	1.000	1.000	1.003	1.055
Prescription Drugs	1.000	1.000	1.001	1.010
Overall	1.000	1.000	1.002	1.048

### ***Retro Claims***

DBHS identified a significant number of claims prior to February 2002 that were classified as Non-Title XIX/XXI claims which are actually valid Title XIX claims. DBHS refers to these claims as “retro claims”. In the submission process there are four criteria a claim must pass in order to be coded as a Title XIX claim. They are the member’s name, the member’s date of birth, the member’s social security number and the DBHS enrollment number. The “retro claims” matched three of the four criteria and therefore DBHS believes these claims should be classified as Title XIX claims.

Since these claims will be classified as Title XIX claims, they need to be reflected in the base data to account for all Title XIX services provided by the Regional Behavioral Health Authorities (RBHAs). The retro claims provided were by RBHA and age of the client. The claims were then separated by children and adult categories. The adult claims were then allocated into the SMI and GMH/SA programs using the distribution of the base encounter claims.

### ***Case Management Claims***

From February 1, 2000, through October 1, 2001, RBHAs were not required to submit case management claims into the encounter system. Case management claims for this time period were obtained from the financial statements of each RBHA. The data was obtained for the Title XIX population by program (Children, SMI, and GMH/SA). These dollars were then added to the base data under the Support Services category of service for the appropriate months. Case management units were also added to the base data. Units were calculated based on the dollars obtained from the

financial statements and the unit cost for case management services as of October 2001. There are four procedure codes for case management services, each with a distinct unit cost. An overall weighted unit cost was derived based on the distribution of service dollars for each of the four procedure codes for the calendar year 2002. This weighted unit cost was then used in conjunction with the case management dollars to model the number of units to be added to the base data for the time period February 1, 2000, through October 1, 2001.

## Data Reports

### Title XIX — Children Not Enrolled in CMDP

#### Demographic Tables

##### Eligibles

##### SFY00

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	162	1,830	15,681	948		306	6,291	25,218
	Male	208	1,963	16,209	953		353	6,538	26,224
04-10	Female	181	2,980	14,133	1,172		351	6,932	25,749
	Male	219	3,109	14,520	1,222		414	7,493	26,977
11-17	Female	121	2,154	6,685	874		199	4,725	14,758
	Male	93	2,182	6,449	785		267	4,841	14,617
Totals		984	14,218	73,677	5,954	-	1,890	36,820	133,543

##### SFY01

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	276	2,016	18,460	1,083		438	6,731	29,004
	Male	276	2,094	19,070	1,108		483	7,112	30,143
04-10	Female	235	3,102	15,781	1,258		485	7,166	28,027
	Male	306	3,136	16,313	1,290		703	7,493	29,241
11-17	Female	169	2,398	7,844	952		209	5,241	16,813
	Male	165	2,439	7,545	887		319	5,335	16,690
Totals		1,427	15,185	85,013	6,578	-	2,637	39,078	149,918

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	445	2,260	22,913	1,260		451	8,381	35,710
	Male	432	2,335	23,743	1,288		470	8,730	36,998
04-10	Female	439	3,571	20,126	1,463		635	9,316	35,550
	Male	539	3,559	20,722	1,479		964	9,632	36,895
11-17	Female	304	2,956	10,914	1,200		261	7,009	22,644
	Male	305	3,089	10,587	1,091		399	7,247	22,718
Totals		2,464	17,770	109,005	7,781	-	3,180	50,315	190,515

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	442	2,389	25,338	1,343		457	8,916	38,885
	Male	538	2,459	26,071	1,304		503	9,381	40,256
04-10	Female	535	3,918	24,333	1,681		696	10,898	42,061
	Male	647	3,987	24,909	1,655		1,042	11,193	43,433
11-17	Female	334	3,357	13,404	1,375		324	8,102	26,896
	Male	376	3,377	13,100	1,303		542	8,172	26,870
Totals		2,872	19,487	127,155	8,661		3,564	56,662	218,401

## ***Enrollees***

### **SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		9	13	3		11	28	64
	Male		19	21	4	1	18	63	126
04-10	Female	1	170	142	14	2	153	542	1,024
	Male	2	381	364	23	2	270	1,062	2,104
11-17	Female	9	196	168	26	1	145	571	1,116
	Male	12	319	12	35		197	1,001	1,576
Totals		24	1,094	720	105	6	794	3,267	6,010

### **SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		9	9			13	39	70
	Male	1	17	27	7		18	71	141
04-10	Female	2	146	180	20	2	159	612	1,121
	Male	6	347	390	40	2	363	1,082	2,230
11-17	Female	7	184	161	39	4	284	645	1,324
	Male	15	343	366	52	2	256	1,119	2,153
Totals		31	1,046	1,133	158	10	1,093	3,568	7,039

### **SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		13	7	3		31	60	114
	Male		21	18	2	1	49	84	175
04-10	Female	1	169	145	20	2	312	717	1,366
	Male	6	370	331	51	3	615	1,359	2,735
11-17	Female	4	227	176	45	4	308	877	1,641
	Male	15	398	398	56	2	454	1,397	2,720
Totals		26	1,198	1,075	177	12	1,769	4,494	8,751

### SFY03

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	1	14	4	1		40	56	116
	Male	1	21	17	1		74	85	199
04-10	Female	3	220	164	29	3	490	796	1,705
	Male	10	431	334	49	4	882	1,593	3,303
11-17	Female	5	301	186	61	4	547	1,087	2,191
	Male	12	495	414	66	3	762	1,713	3,465
Totals		32	1,482	1,119	207	14	2,795	5,330	10,979

### Historical Rates

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ 23.39	\$ 23.39	\$ 23.39	\$ 23.39	\$ 24.29
Annual Percentage Change over Prior Year		0.00%	0.00%	0.00%	3.85%



## Encounter and Financial Data Reports

*SFY00*

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	1,437,635	7,163	237,523	\$ 4,612,813	1,983	\$ 19.42	\$ 3.21	\$ 3,703,148	\$ 2.5
Rehabilitation Services	1,437,635	131	26,810	\$ 814,766	224	\$ 30.39	\$ 0.57	\$ 1,564,262	\$ 1.0
Medical Services	1,437,635	4,567	27,082	\$ 1,163,359	226	\$ 42.96	\$ 0.81	\$ 1,209,276	\$ 0.8
Support Services	1,437,635	1,334	96,923	\$ 2,112,456	809	\$ 21.80	\$ 1.47	\$ 4,156,607	\$ 2.8
Crisis Intervention Services	1,437,635	406	7,659	\$ 165,504	64	\$ 21.61	\$ 0.12	\$ 170,167	\$ 0.1
Inpatient Services	1,437,635	158	8,489	\$ 1,768,053	71	\$ 208.27	\$ 1.23	\$ 4,290,242	\$ 2.9
Residential Services	1,437,635	88	9,622	\$ 434,025	80	\$ 45.11	\$ 0.30	\$ -	\$ -
Behavioral Health Day Programs	1,437,635	-	-	\$ -	-	\$ -	\$ -	\$ 251,226	\$ 0.1
Medications	1,437,635	4,390	63,358	\$ 3,213,492	529	\$ 50.72	\$ 2.24	\$ 4,095,087	\$ 2.7
<b>Total</b>	<b>1,437,635</b>	<b>8,146</b>	<b>477,466</b>	<b>\$ 14,284,468</b>	<b>3,985</b>	<b>\$ 29.92</b>	<b>\$ 9.94</b>	<b>\$ 19,440,015</b>	<b>\$ 13.1</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

<sup>2</sup> Financial Statement Dollars and Financial Statement PMPMs represent the combined population of CMDP and Non- CMDP children. Financial data was not available for each group separately.

***SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	1,664,961	8,246	257,399	\$ 4,979,460	1,855	\$ 19.35	\$ 2.99	\$ 5,749,962	\$ 3.38
Rehabilitation Services	1,664,961	132	18,230	\$ 635,396	131	\$ 34.85	\$ 0.38	\$ 2,094,698	\$ 1.23
Medical Services	1,664,961	4,944	27,977	\$ 1,200,334	202	\$ 42.90	\$ 0.72	\$ 1,615,485	\$ 0.95
Support Services	1,664,961	2,864	145,525	\$ 3,031,956	1,049	\$ 20.83	\$ 1.82	\$ 5,837,499	\$ 3.43
Crisis Intervention Services	1,664,961	441	4,473	\$ 128,256	32	\$ 28.67	\$ 0.08	\$ 180,654	\$ 0.11
Inpatient Services	1,664,961	202	21,648	\$ 2,858,793	156	\$ 132.06	\$ 1.72	\$ 6,986,499	\$ 4.11
Residential Services	1,664,961	107	11,326	\$ 496,496	82	\$ 43.84	\$ 0.30	\$ -	\$ -
Behavioral Health Day Programs	1,664,961	-	-	\$ -	-	\$ -	\$ -	\$ 435,534	\$ 0.26
Medications	1,664,961	4,728	64,142	\$ 3,854,004	462	\$ 60.09	\$ 2.31	\$ 4,959,948	\$ 2.92
<b>Total</b>	<b>1,664,961</b>	<b>9,381</b>	<b>550,721</b>	<b>\$ 17,184,696</b>	<b>3,969</b>	<b>\$ 31.20</b>	<b>\$ 10.32</b>	<b>\$ 27,860,279</b>	<b>\$ 16.35</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	15.8%	15.1%	8.4%	7.9%	-6.4%	-0.4%	-6.8%	55.3%	34.7%
Rehabilitation Services	15.8%	0.8%	-32.0%	-22.0%	-41.3%	14.7%	-32.7%	33.9%	16.2%
Medical Services	15.8%	8.3%	3.3%	3.2%	-10.8%	-0.1%	-10.9%	33.6%	15.9%
Support Services	15.8%	114.7%	50.1%	43.5%	29.6%	-4.4%	23.9%	40.4%	21.9%
Crisis Intervention Services	15.8%	8.6%	-41.6%	-22.5%	-49.6%	32.7%	-33.1%	6.2%	-7.9%
Inpatient Services	15.8%	27.8%	155.0%	61.7%	120.2%	-36.6%	39.6%	62.8%	41.3%
Residential Services	15.8%	21.6%	17.7%	14.4%	1.6%	-2.8%	-1.2%	N/A	N/A
Behavioral Health Day Programs	15.8%	N/A	N/A	N/A	N/A	N/A	N/A	73.4%	50.4%
Medications	15.8%	7.7%	1.2%	19.9%	-12.6%	18.5%	3.6%	21.1%	5.1%
<b>Total</b>	<b>15.8%</b>	<b>15.2%</b>	<b>15.3%</b>	<b>20.3%</b>	<b>-0.4%</b>	<b>4.3%</b>	<b>3.9%</b>	<b>43.3%</b>	<b>24.4%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

<sup>2</sup> Financial Statement Dollars and Financial Statement PMPMs represent the combined population of CMDP and Non- CMDP children. Financial data was not available for each group separately.

***SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	2,055,131	10,630	314,737	\$ 9,399,458	1,838	\$ 29.86	\$ 4.57	\$ 16,407,111	\$ 7.84
Rehabilitation Services	2,055,131	167	7,157	\$ 220,142	42	\$ 30.76	\$ 0.11	\$ 78,004	\$ 0.04
Medical Services	2,055,131	5,631	28,648	\$ 2,136,468	167	\$ 74.58	\$ 1.04	\$ 3,474,661	\$ 1.66
Support Services	2,055,131	8,304	264,633	\$ 4,829,299	1,545	\$ 18.25	\$ 2.35	\$ 1,855,594	\$ 0.88
Crisis Intervention Services	2,055,131	549	4,024	\$ 460,614	23	\$ 114.45	\$ 0.22	\$ 543,719	\$ 0.26
Inpatient Services	2,055,131	245	13,817	\$ 3,365,197	81	\$ 243.56	\$ 1.64	\$ 12,147,090	\$ 5.87
Residential Services	2,055,131	45	10,409	\$ 741,455	61	\$ 71.23	\$ 0.36	\$ 2,082,127	\$ 1.00
Behavioral Health Day Programs	2,055,131	133	4,582	\$ 366,444	27	\$ 79.98	\$ 0.18	\$ 1,002,914	\$ 0.48
Medications	2,055,131	5,418	70,552	\$ 4,740,123	412	\$ 67.19	\$ 2.31	\$ 5,748,263	\$ 2.74
<b>Total</b>	<b>2,055,131</b>	<b>11,644</b>	<b>718,559</b>	<b>\$ 26,259,199</b>	<b>4,196</b>	<b>\$ 36.54</b>	<b>\$ 12.78</b>	<b>\$ 43,339,483</b>	<b>\$ 20.74</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	23.4%	28.9%	22.3%	88.8%	-0.9%	54.4%	52.9%	185.3%	132.2%
Rehabilitation Services	23.4%	26.5%	-60.7%	-65.4%	-68.2%	-11.8%	-71.9%	-96.3%	-97.0%
Medical Services	23.4%	13.9%	2.4%	78.0%	-17.0%	73.8%	44.2%	115.1%	75.0%
Support Services	23.4%	189.9%	81.8%	59.3%	47.3%	-12.4%	29.0%	-68.2%	-74.1%
Crisis Intervention Services	23.4%	24.5%	-10.0%	259.1%	-27.1%	299.2%	191.0%	201.0%	144.9%
Inpatient Services	23.4%	21.3%	-36.2%	17.7%	-48.3%	84.4%	-4.6%	73.9%	41.5%
Residential Services	23.4%	-57.9%	-8.1%	49.3%	-25.5%	62.5%	21.0%	N/A	N/A
Behavioral Health Day Programs	23.4%	N/A	N/A	N/A	N/A	N/A	N/A	130.3%	87.4%
Medications	23.4%	14.6%	10.0%	23.0%	-10.9%	11.8%	-0.4%	15.9%	-5.7%
<b>Total</b>	<b>23.4%</b>	<b>24.1%</b>	<b>30.5%</b>	<b>52.8%</b>	<b>5.7%</b>	<b>17.1%</b>	<b>23.8%</b>	<b>55.6%</b>	<b>26.6%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

<sup>2</sup> Financial Statement Dollars and Financial Statement PMPMs represent the combined population of CMDP and Non- CMDP children. Financial data was not available for each group separately.

**SFY03\***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars <sup>2</sup>	Financial Statement PMPM <sup>2</sup>
Treatment Services	1,189,783	9,742	220,652	\$ 5,785,870	2,225	\$ 26.22	\$ 4.86	\$ 9,210,846	\$ 7.66
Rehabilitation Services	1,189,783	101	12,978	\$ 184,711	131	\$ 14.23	\$ 0.16	\$ 58,444	\$ 0.05
Medical Services	1,189,783	5,240	18,507	\$ 1,070,759	187	\$ 57.86	\$ 0.90	\$ 1,673,714	\$ 1.39
Support Services	1,189,783	9,786	315,140	\$ 5,230,213	3,178	\$ 16.60	\$ 4.40	\$ 1,073,721	\$ 0.89
Crisis Intervention Services	1,189,783	293	1,961	\$ 125,914	20	\$ 64.21	\$ 0.11	\$ 301,889	\$ 0.25
Inpatient Services	1,189,783	176	7,226	\$ 1,944,577	73	\$ 269.11	\$ 1.63	\$ 6,402,966	\$ 5.33
Residential Services	1,189,783	63	8,438	\$ 745,400	85	\$ 88.34	\$ 0.63	\$ 1,279,986	\$ 1.07
Behavioral Health Day Programs	1,189,783	196	5,721	\$ 417,158	58	\$ 72.91	\$ 0.35	\$ 582,895	\$ 0.48
Medications	1,189,783	5,057	38,939	\$ 2,669,811	393	\$ 68.56	\$ 2.24	\$ 2,627,607	\$ 2.18
<b>Total</b>	<b>1,189,783</b>	<b>11,748</b>	<b>629,562</b>	<b>\$ 18,174,412</b>	<b>6,350</b>	<b>\$ 28.87</b>	<b>\$ 15.28</b>	<b>\$ 23,212,068</b>	<b>\$ 19.24</b>

\* Represents the first six months of SFY03.

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

<sup>2</sup> Financial Statement Dollars and Financial Statement PMPMs represent the combined population of CMDP and Non- CMDP children. Financial data was not available for each group separately.

## Title XIX — Children Enrolled in CMDP

### Demographic Tables

#### *Eligibles*

##### SFY00

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		24	61	9		18	127	239
	Male	2	29	87	7		18	128	271
04-10	Female	2	94	138	24		4	203	465
	Male	1	111	132	24		4	193	465
11-17	Female	2	116	157	26		17	302	620
	Male	1	186	197	24		20	435	863
Totals		8	560	772	114	-	81	1,388	2,923

##### SFY01

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	1	31	46	10		17	128	233
	Male	3	21	87	9		12	104	236
04-10	Female	4	70	108	22		2	193	399
	Male	2	76	124	17		10	187	416
11-17	Female	3	117	163	21		16	302	622
	Male	1	184	199	16		32	455	887
Totals		14	499	727	95	-	89	1,369	2,793

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		30	62	9		14	130	245
	Male	1	19	86	5		19	113	243
04-10	Female		42	93	18		14	161	328
	Male	1	64	130	8		15	155	373
11-17	Female	2	89	155	15		15	287	563
	Male	1	149	219	23		32	428	852
Totals		5	393	745	78	-	109	1,274	2,604

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	3	32	125	14		22	179	375
	Male	2	41	143	19		18	194	417
04-10	Female	2	44	110	17		10	181	364
	Male	1	58	167	9		12	201	448
11-17	Female		96	185	19		16	287	603
	Male		134	260	24		44	436	898
Totals		8	405	990	102		122	1,478	3,105

***Enrollees***

**SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		2	2			2	9	15
	Male		3	6	1	1	3	6	20
04-10	Female		45	26	4		28	85	188
	Male	2	41	26	9		25	104	207
11-17	Female		45	21	6		32	130	234
	Male	2	91	48	10		24	191	366
Totals		4	227	129	30	1	114	525	1,030

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		3		5		3	16	27
	Male		5	6	1	1	5	16	34
04-10	Female		39	30	12		30	74	185
	Male	1	41	33	9		33	107	224
11-17	Female		47	25	8		49	153	282
	Male	2	93	52	13		38	229	427
Totals		3	228	146	48	1	158	595	1,179

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		3	1				8	12
	Male		1	3		1	1	7	13
04-10	Female		20	21	8		23	69	141
	Male	1	27	30	2		38	94	192
11-17	Female	1	49	29	6		42	135	262
	Male	2	79	43	12		47	218	401
Totals		4	179	127	28	1	151	531	1,021

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		2	3	2		6	10	23
	Male		1	2	1		5	17	26
04-10	Female		32	18	7		34	67	158
	Male	1	37	28	6	1	50	113	236
11-17	Female		64	33	5		50	145	297
	Male	3	74	46	15		71	229	438
Totals		4	210	130	36	1	216	581	1,178



## Encounter Data Reports

*SFY00*

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	37,778	1,502	84,369	\$ 1,285,193	26,800	\$ 15.23	\$ 34.02
Rehabilitation Services	37,778	62	24,102	\$ 679,902	7,656	\$ 28.21	\$ 18.00
Medical Services	37,778	794	5,241	\$ 227,921	1,665	\$ 43.49	\$ 6.03
Support Services	37,778	297	83,000	\$ 860,197	26,365	\$ 10.36	\$ 22.77
Crisis Intervention Services	37,778	98	1,580	\$ 34,036	502	\$ 21.55	\$ 0.90
Inpatient Services	37,778	63	4,945	\$ 883,643	1,571	\$ 178.68	\$ 23.39
Residential Services	37,778	-	-	\$ -	-	\$ -	\$ -
Behavioral Health Day Programs	37,778	-	-	\$ -	-	\$ -	\$ -
Medications	37,778	690	10,882	\$ 574,946	3,457	\$ 52.83	\$ 15.22
<b>Total</b>	<b>37,778</b>	<b>1,674</b>	<b>214,119</b>	<b>\$ 4,545,840</b>	<b>68,014</b>	<b>\$ 21.23</b>	<b>\$ 120.33</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	35,371	1,490	98,890	\$ 1,309,964	33,549	\$ 13.25	\$ 37.03
Rehabilitation Services	35,371	67	33,822	\$ 699,299	11,474	\$ 20.68	\$ 19.77
Medical Services	35,371	779	4,666	\$ 196,576	1,583	\$ 42.13	\$ 5.56
Support Services	35,371	567	154,886	\$ 1,220,869	52,547	\$ 7.88	\$ 34.52
Crisis Intervention Services	35,371	111	1,063	\$ 28,297	361	\$ 26.61	\$ 0.80
Inpatient Services	35,371	80	11,829	\$ 1,371,833	4,013	\$ 115.97	\$ 38.78
Residential Services	35,371	-	-	\$ -	-	\$ -	\$ -
Behavioral Health Day Programs	35,371	-	-	\$ -	-	\$ -	\$ -
Medications	35,371	781	11,902	\$ 720,237	4,038	\$ 60.52	\$ 20.36
<b>Total</b>	<b>35,371</b>	<b>1,689</b>	<b>317,058</b>	<b>\$ 5,547,076</b>	<b>107,565</b>	<b>\$ 17.50</b>	<b>\$ 156.83</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	-6.4%	-0.8%	17.2%	1.9%	25.2%	-13.0%	8.9%
Rehabilitation Services	-6.4%	8.1%	40.3%	2.9%	49.9%	-26.7%	9.9%
Medical Services	-6.4%	-1.9%	-11.0%	-13.8%	-4.9%	-3.1%	-7.9%
Support Services	-6.4%	90.9%	86.6%	41.9%	99.3%	-23.9%	51.6%
Crisis Intervention Services	-6.4%	13.3%	-32.7%	-16.9%	-28.1%	23.5%	-11.2%
Inpatient Services	-6.4%	27.0%	139.2%	55.2%	155.5%	-35.1%	65.8%
Residential Services	-6.4%	N/A	N/A	N/A	N/A	N/A	N/A
Behavioral Health Day Programs	-6.4%	N/A	N/A	N/A	N/A	N/A	N/A
Medications	-6.4%	13.2%	9.4%	25.3%	16.8%	14.5%	33.8%
<b>Total</b>	<b>-6.4%</b>	<b>0.9%</b>	<b>48.1%</b>	<b>22.0%</b>	<b>58.2%</b>	<b>-17.6%</b>	<b>30.3%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	34,547	1,690	62,141	\$ 1,769,572	21,585	\$ 28.48	\$ 51.22
Rehabilitation Services	34,547	40	4,277	\$ 153,688	1,486	\$ 35.94	\$ 4.45
Medical Services	34,547	789	3,920	\$ 287,490	1,362	\$ 73.33	\$ 8.32
Support Services	34,547	1,457	63,436	\$ 1,263,235	22,035	\$ 19.91	\$ 36.57
Crisis Intervention Services	34,547	119	990	\$ 102,969	344	\$ 104.03	\$ 2.98
Inpatient Services	34,547	154	11,505	\$ 2,595,193	3,996	\$ 225.56	\$ 75.12
Residential Services	34,547	41	3,684	\$ 477,454	1,280	\$ 129.60	\$ 13.82
Behavioral Health Day Programs	34,547	24	812	\$ 80,168	282	\$ 98.76	\$ 2.32
Medications	34,547	930	14,353	\$ 979,160	4,986	\$ 68.22	\$ 28.34
<b>Total</b>	<b>34,547</b>	<b>1,918</b>	<b>165,119</b>	<b>\$ 7,708,930</b>	<b>57,355</b>	<b>\$ 46.69</b>	<b>\$ 223.15</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	-2.3%	13.4%	-37.2%	35.1%	-35.7%	115.0%	38.3%
Rehabilitation Services	-2.3%	-40.3%	-87.4%	-78.0%	-87.1%	73.8%	-77.5%
Medical Services	-2.3%	1.3%	-16.0%	46.2%	-14.0%	74.1%	49.7%
Support Services	-2.3%	157.0%	-59.0%	3.5%	-58.1%	152.6%	5.9%
Crisis Intervention Services	-2.3%	7.2%	-6.9%	263.9%	-4.7%	291.0%	272.6%
Inpatient Services	-2.3%	92.5%	-2.7%	89.2%	-0.4%	94.5%	93.7%
Residential Services	-2.3%	N/A	N/A	N/A	N/A	N/A	N/A
Behavioral Health Day Programs	-2.3%	N/A	N/A	N/A	N/A	N/A	N/A
Medications	-2.3%	19.1%	20.6%	35.9%	23.5%	12.7%	39.2%
<b>Total</b>	<b>-2.3%</b>	<b>13.6%</b>	<b>-47.9%</b>	<b>39.0%</b>	<b>-46.7%</b>	<b>166.9%</b>	<b>42.3%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY03\****

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM
Treatment Services	16,707	1,283	35,425	\$ 918,562	25,445	\$ 25.93	\$ 54.98
Rehabilitation Services	16,707	12	3,373	\$ 43,205	2,422	\$ 12.81	\$ 2.59
Medical Services	16,707	621	2,179	\$ 128,576	1,565	\$ 58.99	\$ 7.70
Support Services	16,707	1,427	74,411	\$ 1,264,252	53,447	\$ 16.99	\$ 75.67
Crisis Intervention Services	16,707	49	314	\$ 22,096	225	\$ 70.47	\$ 1.32
Inpatient Services	16,707	141	11,481	\$ 2,971,948	8,246	\$ 258.86	\$ 177.89
Residential Services	16,707	71	5,912	\$ 933,408	4,246	\$ 157.89	\$ 55.87
Behavioral Health Day Programs	16,707	30	574	\$ 53,331	412	\$ 92.94	\$ 3.19
Medications	16,707	719	6,094	\$ 457,317	4,377	\$ 75.05	\$ 27.37
<b>Total</b>	<b>16,707</b>	<b>1,625</b>	<b>139,762</b>	<b>\$ 6,792,696</b>	<b>100,387</b>	<b>\$ 48.60</b>	<b>\$ 406.58</b>

\* Represents the first six months of SFY03.

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

## Title XIX — SMI Adults

### Demographic Tables

#### *Eligibles*

##### **SFY00\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	263	3,468	9,626	1,532		497	12,878	28,264
	Male	94	947	1,518	285		368	3,606	6,818
40-64	Female	191	1,246	2,431	435		955	5,329	10,587
	Male	102	691	1,077	175		399	3,197	5,641
65 +	Female	513	405	1,087	82		1,041	2,414	5,542
	Male	310	140	686	26		368	880	2,410
Totals		1,473	6,897	16,425	2,535	-	3,628	28,304	59,262

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

##### **SFY01\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	382	3,956	11,296	1,852		707	14,576	32,769
	Male	129	1,257	2,548	490		561	5,533	10,518
40-64	Female	292	1,510	3,405	518		1,502	7,309	14,536
	Male	135	1,126	1,936	317		672	5,346	9,532
65 +	Female	587	466	1,427	81		1,283	3,146	6,990
	Male	356	159	868	36		499	1,094	3,012
Totals		1,881	8,474	21,480	3,294	-	5,224	37,004	77,357

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

**SFY02\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	947	5,975	19,682	2,953		855	25,095	55,507
	Male	476	2,737	7,963	1,243		789	12,468	25,676
40-64	Female	599	2,344	6,614	863		2,170	11,988	24,578
	Male	341	2,101	4,904	634		1,015	9,872	18,867
65 +	Female	645	506	1,732	82		1,650	3,845	8,460
	Male	410	189	1,143	35		613	1,395	3,785
Totals		3,418	13,852	42,038	5,810	-	7,092	64,663	136,873

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

**SFY03\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	1,220	7,224	24,624	3,789		1,361	31,519	69,737
	Male	674	3,615	11,519	1,684		1,120	17,116	35,728
40-64	Female	786	2,995	8,945	1,164		2,394	15,894	32,178
	Male	538	2,690	6,931	796		1,184	13,407	25,546
65 +	Female	683	555	2,157	118		2,033	4,743	10,289
	Male	455	225	1,430	53		726	1,704	4,593
Totals		4,356	17,304	55,606	7,604		8,818	84,383	178,071

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

***Enrollees***

**SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	34	187	126	16		22	653	1,038
	Male	38	173	116	22		28	735	1,112
40-64	Female	64	193	178	26		12	1,064	1,537
	Male	35	131	90	7		18	578	859
65+	Female	12	12	21			1	91	137
	Male	7	6	8	2		1	16	40
Totals		190	702	539	73	-	82	3,137	4,723

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	35	233	149	23		52	891	1,383
	Male	46	203	141	23		80	998	1,491
40-64	Female	73	263	218	31		37	1,388	2,010
	Male	43	204	120	4	1	29	926	1,327
65+	Female	14	14	24			2	109	163
	Male	6	6	7	2		3	26	50
Totals		217	923	659	83	1	203	4,338	6,424

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	41	279	152	26	1	90	1,152	1,741
	Male	54	251	158	36	1	129	1,273	1,902
40-64	Female	83	323	233	38		80	1,775	2,532
	Male	53	250	142	13	2	51	1,238	1,749
65+	Female	18	15	26			2	141	202
	Male	8	6	7	1		4	44	70
Totals		257	1,124	718	114	4	356	5,623	8,196

### SFY03

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	34	283	156	34	1	124	1,255	1,887
	Male	48	280	164	40		166	1,381	2,079
40-64	Female	90	360	256	49	4	65	2,009	2,833
	Male	58	287	145	14		77	1,336	1,917
65+	Female	16	19	31			4	144	214
	Male	5	6	10	1		7	41	70
Totals		251	1,235	762	138	5	443	6,166	9,000

### Historical Rates

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ 61.35	\$ 64.56	\$ 92.62	\$ 81.11	\$ 81.92
Annual Percentage Change over Prior Year		5.23%	43.46%	-12.43%	1.00%



## Encounter and Financial Data Reports

***SFY00***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	667,079	3,561	167,743	\$ 4,447,526	3,018	\$ 26.51	\$ 6.67	\$ 2,291,623	\$ 3.4
Rehabilitation Services	667,079	1,030	310,199	\$ 4,928,992	5,580	\$ 15.89	\$ 7.39	\$ 7,938,682	\$ 11.9
Medical Services	667,079	5,006	103,228	\$ 2,819,232	1,857	\$ 27.31	\$ 4.23	\$ 2,603,106	\$ 3.9
Support Services	667,079	4,982	2,537,636	\$ 28,638,254	45,649	\$ 11.29	\$ 42.93	\$ 21,184,542	\$ 31.7
Crisis Intervention Services	667,079	951	34,120	\$ 772,624	614	\$ 22.64	\$ 1.16	\$ 402,356	\$ 0.6
Inpatient Services	667,079	278	4,363	\$ 2,036,037	78	\$ 466.70	\$ 3.05	\$ 4,007,094	\$ 6.0
Residential Services	667,079	307	49,375	\$ 2,167,582	888	\$ 43.90	\$ 3.25	\$ 6,721	\$ 0.0
Behavioral Health Day Programs	667,079	-	-	\$ -	-	\$ -	\$ -	\$ 373,498	\$ 0.5
Medications	667,079	4,852	151,749	\$ 9,566,417	2,730	\$ 63.04	\$ 14.34	\$ 8,787,461	\$ 13.1
<b>Total</b>	<b>667,079</b>	<b>5,376</b>	<b>3,358,413</b>	<b>\$ 55,376,664</b>	<b>60,414</b>	<b>\$ 16.49</b>	<b>\$ 83.01</b>	<b>\$ 47,595,083</b>	<b>\$ 71.3</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	772,651	3,948	189,277	\$ 4,539,791	2,940	\$ 23.98	\$ 5.88	\$ 1,126,349	\$ 1.44
Rehabilitation Services	772,651	1,171	344,504	\$ 5,161,096	5,350	\$ 14.98	\$ 6.68	\$ 6,052,526	\$ 7.82
Medical Services	772,651	6,074	112,222	\$ 2,417,968	1,743	\$ 21.55	\$ 3.13	\$ 2,211,416	\$ 2.86
Support Services	772,651	2,454	2,704,676	\$ 28,835,967	42,006	\$ 10.66	\$ 37.32	\$ 19,457,471	\$ 25.18
Crisis Intervention Services	772,651	1,290	20,994	\$ 730,474	326	\$ 34.79	\$ 0.95	\$ 186,678	\$ 0.24
Inpatient Services	772,651	348	5,287	\$ 3,133,472	82	\$ 592.70	\$ 4.06	\$ 3,473,606	\$ 4.50
Residential Services	772,651	345	48,565	\$ 2,196,171	754	\$ 45.22	\$ 2.84	\$ 8,348	\$ 0.01
Behavioral Health Day Programs	772,651	-	-	\$ -	-	\$ -	\$ -	\$ 257,385	\$ 0.33
Medications	772,651	6,093	156,887	\$ 10,915,520	2,437	\$ 69.58	\$ 14.13	\$ 9,190,682	\$ 11.88
<b>Total</b>	<b>772,651</b>	<b>6,680</b>	<b>3,582,412</b>	<b>\$ 57,930,458</b>	<b>55,638</b>	<b>\$ 16.17</b>	<b>\$ 74.98</b>	<b>\$ 41,964,461</b>	<b>\$ 54.31</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	15.8%	10.9%	12.8%	2.1%	-2.6%	-9.5%	-11.9%	-50.8%	-57.6%
Rehabilitation Services	15.8%	13.7%	11.1%	4.7%	-4.1%	-5.7%	-9.6%	-23.8%	-34.2%
Medical Services	15.8%	21.3%	8.7%	-14.2%	-6.1%	-21.1%	-26.0%	-15.0%	-26.7%
Support Services	15.8%	-50.7%	6.6%	0.7%	-8.0%	-5.5%	-13.1%	-8.2%	-20.7%
Crisis Intervention Services	15.8%	35.6%	-38.5%	-5.5%	-46.9%	53.7%	-18.4%	-53.6%	-59.9%
Inpatient Services	15.8%	25.2%	21.2%	53.9%	4.6%	27.0%	32.9%	-13.3%	-25.2%
Residential Services	15.8%	12.4%	-1.6%	1.3%	-15.1%	3.0%	-12.5%	24.2%	7.2%
Behavioral Health Day Programs	15.8%	N/A	N/A	N/A	N/A	N/A	N/A	-31.1%	-40.5%
Medications	15.8%	25.6%	3.4%	14.1%	-10.7%	10.4%	-1.5%	4.6%	-9.7%
<b>Total</b>	<b>15.8%</b>	<b>24.3%</b>	<b>6.7%</b>	<b>4.6%</b>	<b>-7.9%</b>	<b>-1.9%</b>	<b>-9.7%</b>	<b>-11.8%</b>	<b>-23.9%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	1,335,761	8,090	291,457	\$ 9,362,942	2,618	\$ 32.12	\$ 7.01	\$ 7,338,485	\$ 5.43
Rehabilitation Services	1,335,761	1,710	620,410	\$ 7,397,531	5,574	\$ 11.92	\$ 5.54	\$ 4,560,680	\$ 3.41
Medical Services	1,335,761	7,918	133,325	\$ 7,111,788	1,198	\$ 53.34	\$ 5.32	\$ 3,354,101	\$ 2.52
Support Services	1,335,761	9,421	2,081,755	\$ 36,090,941	18,702	\$ 17.34	\$ 27.02	\$ 37,390,802	\$ 27.95
Crisis Intervention Services	1,335,761	1,876	16,900	\$ 2,446,848	152	\$ 144.78	\$ 1.83	\$ 2,523,614	\$ 1.85
Inpatient Services	1,335,761	868	9,454	\$ 4,875,748	85	\$ 515.71	\$ 3.65	\$ 7,113,541	\$ 5.33
Residential Services	1,335,761	456	100,294	\$ 8,456,211	901	\$ 84.31	\$ 6.33	\$ 6,746,290	\$ 5.03
Behavioral Health Day Programs	1,335,761	623	17,822	\$ 1,192,659	160	\$ 66.92	\$ 0.89	\$ 1,729,173	\$ 1.25
Medications	1,335,761	8,556	235,880	\$ 16,719,067	2,119	\$ 70.88	\$ 12.52	\$ 13,573,728	\$ 10.11
<b>Total</b>	<b>1,335,761</b>	<b>9,653</b>	<b>3,507,298</b>	<b>\$ 93,653,734</b>	<b>31,508</b>	<b>\$ 26.70</b>	<b>\$ 70.11</b>	<b>\$ 84,330,414</b>	<b>\$ 63.13</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	72.9%	104.9%	54.0%	106.2%	-10.9%	33.9%	19.3%	551.5%	276.9%
Rehabilitation Services	72.9%	46.0%	80.1%	43.3%	4.2%	-20.4%	-17.1%	-24.6%	-56.4%
Medical Services	72.9%	30.4%	18.8%	194.1%	-31.3%	147.6%	70.1%	51.7%	-12.3%
Support Services	72.9%	283.9%	-23.0%	25.2%	-55.5%	62.6%	-27.6%	92.2%	11.2%
Crisis Intervention Services	72.9%	45.4%	-19.5%	235.0%	-53.4%	316.1%	93.8%	1251.9%	682.0%
Inpatient Services	72.9%	149.4%	78.8%	55.6%	3.4%	-13.0%	-10.0%	104.8%	18.5%
Residential Services	72.9%	32.2%	106.5%	285.0%	19.5%	86.4%	122.7%	80713.2%	46645.2%
Behavioral Health Day Programs	72.9%	N/A	N/A	N/A	N/A	N/A	N/A	571.8%	288.6%
Medications	72.9%	40.4%	50.4%	53.2%	-13.0%	1.9%	-11.4%	47.7%	-14.6%
<b>Total</b>	<b>72.9%</b>	<b>44.5%</b>	<b>-2.1%</b>	<b>61.7%</b>	<b>-43.4%</b>	<b>65.1%</b>	<b>-6.5%</b>	<b>101.0%</b>	<b>16.2%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

**SFY03\***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	886,531	6,671	174,689	\$ 5,243,335	2,365	\$ 30.02	\$ 5.91	\$ 4,939,123	\$ 5.51
Rehabilitation Services	886,531	1,765	340,046	\$ 4,035,537	4,603	\$ 11.87	\$ 4.55	\$ 4,082,721	\$ 4.61
Medical Services	886,531	6,844	69,863	\$ 3,427,807	946	\$ 49.06	\$ 3.87	\$ 2,183,220	\$ 2.44
Support Services	886,531	9,663	1,228,690	\$ 32,676,918	16,631	\$ 26.59	\$ 36.86	\$ 23,880,799	\$ 26.91
Crisis Intervention Services	886,531	1,342	7,778	\$ 800,573	105	\$ 102.93	\$ 0.90	\$ 1,933,085	\$ 2.11
Inpatient Services	886,531	463	3,464	\$ 1,432,921	47	\$ 413.72	\$ 1.62	\$ 3,727,920	\$ 4.21
Residential Services	886,531	344	40,774	\$ 5,166,421	552	\$ 126.71	\$ 5.83	\$ 5,322,918	\$ 6.01
Behavioral Health Day Programs	886,531	750	18,215	\$ 1,321,031	247	\$ 72.53	\$ 1.49	\$ 1,359,772	\$ 1.51
Medications	886,531	8,320	143,907	\$ 9,952,461	1,948	\$ 69.16	\$ 11.23	\$ 8,790,553	\$ 9.91
<b>Total</b>	<b>886,531</b>	<b>9,742</b>	<b>2,027,425</b>	<b>\$ 64,057,004</b>	<b>27,443</b>	<b>\$ 31.60</b>	<b>\$ 72.26</b>	<b>\$ 56,220,111</b>	<b>\$ 63.41</b>

\* Represents the first six months of SFY03.

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

## Title XIX — GMH/SA Adults

### Demographic Tables

#### *Eligibles*

##### **SFY00\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	263	3,468	9,626	1,532		497	12,878	28,264
	Male	94	947	1,518	285		368	3,606	6,818
40-64	Female	191	1,246	2,431	435		955	5,329	10,587
	Male	102	691	1,077	175		399	3,197	5,641
65 +	Female	513	405	1,087	82		1,041	2,414	5,542
	Male	310	140	686	26		368	880	2,410
Totals		1,473	6,897	16,425	2,535	-	3,628	28,304	59,262

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

##### **SFY01\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	382	3,956	11,296	1,852		707	14,576	32,769
	Male	129	1,257	2,548	490		561	5,533	10,518
40-64	Female	292	1,510	3,405	518		1,502	7,309	14,536
	Male	135	1,126	1,936	317		672	5,346	9,532
65 +	Female	587	466	1,427	81		1,283	3,146	6,990
	Male	356	159	868	36		499	1,094	3,012
Totals		1,881	8,474	21,480	3,294	-	5,224	37,004	77,357

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

**SFY02\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	947	5,975	19,682	2,953		855	25,095	55,507
	Male	476	2,737	7,963	1,243		789	12,468	25,676
40-64	Female	599	2,344	6,614	863		2,170	11,988	24,578
	Male	341	2,101	4,904	634		1,015	9,872	18,867
65 +	Female	645	506	1,732	82		1,650	3,845	8,460
	Male	410	189	1,143	35		613	1,395	3,785
Totals		3,418	13,852	42,038	5,810	-	7,092	64,663	136,873

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

**SFY03\***

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	1,220	7,224	24,624	3,789		1,361	31,519	69,737
	Male	674	3,615	11,519	1,684		1,120	17,116	35,728
40-64	Female	786	2,995	8,945	1,164		2,394	15,894	32,178
	Male	538	2,690	6,931	796		1,184	13,407	25,546
65 +	Female	683	555	2,157	118		2,033	4,743	10,289
	Male	455	225	1,430	53		726	1,704	4,593
Totals		4,356	17,304	55,606	7,604		8,818	84,383	178,071

\* AHCCCS adult eligibility numbers are the same for both the SMI and GMH/SA populations.

***Enrollees***

**SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	7	259	151	58	2	235	1,059	1,771
	Male	2	81	46	25		52	376	582
40-64	Female	6	134	114	23	1	73	605	956
	Male	4	85	62	14		40	295	500
65+	Female	4	5	11	3		4	54	81
	Male		3	6	1		4	13	27
Totals		23	567	390	124	3	408	2,402	3,917

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	9	329	200	72	2	324	1,527	2,463
	Male	7	160	81	56		120	730	1,154
40-64	Female	7	172	149	38	2	127	929	1,424
	Male	4	186	107	53	2	108	616	1,076
65+	Female	4	10	12	4		6	58	94
	Male		6	7	2		2	14	31
Totals		31	863	556	225	6	687	3,874	6,242

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	18	443	212	111	4	637	2,548	3,973
	Male	17	299	141	106	3	352	1,407	2,325
40-64	Female	13	260	179	53	1	283	1,656	2,445
	Male	10	320	154	89	3	248	1,252	2,076
65+	Female	5	3	12	2		12	77	111
	Male		7	7	4		9	22	49
Totals		63	1,332	705	365	11	1,541	6,962	10,979

### SFY03

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	29	538	302	133	8	877	3,404	5,291
	Male	15	369	164	138	3	567	2,072	3,328
40-64	Female	27	346	217	69	1	457	2,362	3,479
	Male	7	345	167	114	1	391	1,770	2,795
65+	Female	2	10	13	2		28	129	184
	Male		10	13	5		10	33	71
Totals		80	1,618	876	461	13	2,330	9,770	15,148

### Historical Rates

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ 14.07	\$ 14.76	\$ 19.93	\$ 20.26	\$ 26.78
Annual Percentage Change over Prior Year		4.90%	35.03%	1.66%	32.18%



## Encounter and Financial Data Reports

***SFY00***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	650,838	5,184	236,793	\$ 3,008,217	4,366	\$ 12.70	\$ 4.62	\$ 2,169,874	\$ 3.33
Rehabilitation Services	650,838	467	24,116	\$ 318,885	445	\$ 13.22	\$ 0.49	\$ 169,719	\$ 0.26
Medical Services	650,838	3,566	132,112	\$ 1,622,157	2,436	\$ 12.28	\$ 2.49	\$ 971,151	\$ 1.49
Support Services	650,838	1,898	105,170	\$ 1,502,723	1,939	\$ 14.29	\$ 2.31	\$ 1,126,156	\$ 1.73
Crisis Intervention Services	650,838	922	28,824	\$ 508,965	531	\$ 17.66	\$ 0.78	\$ 316,173	\$ 0.49
Inpatient Services	650,838	146	1,508	\$ 697,085	28	\$ 462.11	\$ 1.07	\$ 634,907	\$ 0.98
Residential Services	650,838	284	13,614	\$ 410,937	251	\$ 30.18	\$ 0.63	\$ 27,534	\$ 0.04
Behavioral Health Day Programs	650,838	-	-	\$ -	-	\$ -	\$ -	\$ 29,532	\$ 0.04
Medications	650,838	3,050	44,933	\$ 2,747,479	828	\$ 61.15	\$ 4.22	\$ 2,944,274	\$ 4.51
<b>Total</b>	<b>650,838</b>	<b>6,174</b>	<b>587,072</b>	<b>\$ 10,816,449</b>	<b>10,824</b>	<b>\$ 18.42</b>	<b>\$ 16.62</b>	<b>\$ 8,389,320</b>	<b>\$ 12.89</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	772,651	6,814	348,762	\$ 3,948,762	5,417	\$ 11.32	\$ 5.11	\$ 4,460,172	\$ 5.77
Rehabilitation Services	772,651	696	28,850	\$ 552,966	448	\$ 19.17	\$ 0.72	\$ 512,260	\$ 0.66
Medical Services	772,651	4,759	165,540	\$ 2,130,257	2,571	\$ 12.87	\$ 2.76	\$ 2,355,453	\$ 3.06
Support Services	772,651	3,134	156,403	\$ 2,263,773	2,429	\$ 14.47	\$ 2.93	\$ 1,929,840	\$ 2.50
Crisis Intervention Services	772,651	1,362	27,589	\$ 501,381	428	\$ 18.17	\$ 0.65	\$ 451,473	\$ 0.58
Inpatient Services	772,651	147	1,269	\$ 754,032	20	\$ 594.07	\$ 0.98	\$ 1,124,232	\$ 1.44
Residential Services	772,651	437	13,791	\$ 898,299	214	\$ 65.14	\$ 1.16	\$ 98,875	\$ 0.13
Behavioral Health Day Programs	772,651	-	-	\$ -	-	\$ -	\$ -	\$ 112,544	\$ 0.15
Medications	772,651	3,873	53,775	\$ 3,815,449	835	\$ 70.95	\$ 4.94	\$ 3,725,504	\$ 4.82
<b>Total</b>	<b>772,651</b>	<b>8,146</b>	<b>795,978</b>	<b>\$ 14,864,920</b>	<b>12,362</b>	<b>\$ 18.68</b>	<b>\$ 19.24</b>	<b>\$ 14,770,353</b>	<b>\$ 19.12</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	18.7%	31.4%	47.3%	31.3%	24.1%	-10.9%	10.6%	105.5%	73.1%
Rehabilitation Services	18.7%	49.0%	19.6%	73.4%	0.8%	45.0%	46.1%	201.8%	154.2%
Medical Services	18.7%	33.5%	25.3%	31.3%	5.5%	4.8%	10.6%	142.5%	104.3%
Support Services	18.7%	65.1%	48.7%	50.6%	25.3%	1.3%	26.9%	71.4%	44.3%
Crisis Intervention Services	18.7%	47.7%	-4.3%	-1.5%	-19.4%	2.9%	-17.0%	42.8%	20.3%
Inpatient Services	18.7%	0.7%	-15.9%	8.2%	-29.1%	28.6%	-8.9%	77.1%	49.2%
Residential Services	18.7%	53.9%	1.3%	118.6%	-14.7%	115.8%	84.1%	259.1%	202.5%
Behavioral Health Day Programs	18.7%	N/A	N/A	N/A	N/A	N/A	N/A	281.1%	221.0%
Medications	18.7%	27.0%	19.7%	38.9%	0.8%	16.0%	17.0%	26.5%	6.6%
<b>Total</b>	<b>18.7%</b>	<b>31.9%</b>	<b>35.6%</b>	<b>37.4%</b>	<b>14.2%</b>	<b>1.4%</b>	<b>15.8%</b>	<b>76.1%</b>	<b>48.3%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	1,335,761	14,546	638,578	\$ 9,712,388	5,737	\$ 15.21	\$ 7.27	\$ 11,523,758	\$ 8.61
Rehabilitation Services	1,335,761	702	24,091	\$ 397,632	216	\$ 16.51	\$ 0.30	\$ 30,936	\$ 0.02
Medical Services	1,335,761	7,569	302,957	\$ 4,119,697	2,722	\$ 13.60	\$ 3.08	\$ 4,851,873	\$ 3.61
Support Services	1,335,761	11,231	589,576	\$ 7,494,625	5,297	\$ 12.71	\$ 5.61	\$ 3,857,037	\$ 2.88
Crisis Intervention Services	1,335,761	3,276	24,309	\$ 2,576,561	218	\$ 105.99	\$ 1.93	\$ 1,643,684	\$ 1.22
Inpatient Services	1,335,761	817	4,326	\$ 1,783,829	39	\$ 412.37	\$ 1.34	\$ 2,223,521	\$ 1.66
Residential Services	1,335,761	729	40,423	\$ 3,760,307	363	\$ 93.02	\$ 2.82	\$ 4,376,593	\$ 3.21
Behavioral Health Day Programs	1,335,761	717	11,116	\$ 719,916	100	\$ 64.76	\$ 0.54	\$ 1,041,304	\$ 0.78
Medications	1,335,761	6,132	72,888	\$ 5,221,104	655	\$ 71.63	\$ 3.91	\$ 5,581,512	\$ 4.11
<b>Total</b>	<b>1,335,761</b>	<b>16,994</b>	<b>1,708,264</b>	<b>\$ 35,786,058</b>	<b>15,346</b>	<b>\$ 20.95</b>	<b>\$ 26.79</b>	<b>\$ 35,130,218</b>	<b>\$ 26.30</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	72.9%	113.5%	83.1%	146.0%	5.9%	34.3%	42.3%	158.4%	49.5%
Rehabilitation Services	72.9%	0.9%	-16.5%	-28.1%	-51.7%	-13.9%	-58.4%	-94.0%	-96.5%
Medical Services	72.9%	59.0%	83.0%	93.4%	5.9%	5.7%	11.9%	106.0%	19.1%
Support Services	72.9%	258.4%	277.0%	231.1%	118.0%	-12.2%	91.5%	99.9%	15.6%
Crisis Intervention Services	72.9%	140.5%	-11.9%	413.9%	-49.0%	483.2%	197.3%	264.1%	110.6%
Inpatient Services	72.9%	455.8%	240.8%	136.6%	97.1%	-30.6%	36.8%	97.8%	14.4%
Residential Services	72.9%	66.8%	193.1%	318.6%	69.5%	42.8%	142.1%	4326.4%	2460.4%
Behavioral Health Day Programs	72.9%	N/A	N/A	N/A	N/A	N/A	N/A	825.2%	435.2%
Medications	72.9%	58.3%	35.5%	36.8%	-21.6%	1.0%	-20.8%	49.8%	-13.3%
<b>Total</b>	<b>72.9%</b>	<b>108.6%</b>	<b>114.6%</b>	<b>140.7%</b>	<b>24.1%</b>	<b>12.2%</b>	<b>39.3%</b>	<b>137.8%</b>	<b>37.6%</b>

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

***SFY03\****

Category of Service	Member Months	Unique Utilizers	Units <sup>1</sup>	Completed Encounter Dollars	Annual Units per 1,000 Members	Average Cost per Service	Encounter Cost PMPM	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	886,531	13,258	439,202	\$ 6,742,205	5,945	\$ 15.35	\$ 7.61	\$ 6,971,729	\$ 7.86
Rehabilitation Services	886,531	527	22,788	\$ 204,054	308	\$ 8.95	\$ 0.23	\$ 71,955	\$ 0.08
Medical Services	886,531	7,273	219,212	\$ 2,591,260	2,967	\$ 11.82	\$ 2.92	\$ 2,510,312	\$ 2.83
Support Services	886,531	12,619	698,173	\$ 5,351,935	9,450	\$ 7.67	\$ 6.04	\$ 1,829,939	\$ 2.06
Crisis Intervention Services	886,531	2,304	10,284	\$ 1,009,289	139	\$ 98.14	\$ 1.14	\$ 1,350,293	\$ 1.53
Inpatient Services	886,531	725	3,260	\$ 1,189,769	44	\$ 364.92	\$ 1.34	\$ 942,083	\$ 1.06
Residential Services	886,531	387	15,309	\$ 2,450,732	207	\$ 160.09	\$ 2.76	\$ 2,832,201	\$ 3.19
Behavioral Health Day Programs	886,531	738	12,763	\$ 855,786	173	\$ 67.05	\$ 0.97	\$ 707,854	\$ 0.80
Medications	886,531	6,194	44,879	\$ 3,377,039	607	\$ 75.25	\$ 3.81	\$ 3,345,414	\$ 3.77
<b>Total</b>	<b>886,531</b>	<b>16,966</b>	<b>1,465,872</b>	<b>\$ 23,772,069</b>	<b>19,842</b>	<b>\$ 16.22</b>	<b>\$ 26.81</b>	<b>\$ 20,561,780</b>	<b>\$ 23.15</b>

\* Represents the first six months of SFY03.

<sup>1</sup> Units represent a sum of all units within each COS. Units within each COS may or may not be uniform (i.e., days, office visits, etc.)

## Title XXI — Children

### Demographic Tables

#### *Eligibles*

##### SFY00

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	7	68	1,188	68		67	458	1,856
	Male	22	52	1,201	73		50	521	1,919
04-10	Female	27	185	2,177	133		106	958	3,586
	Male	42	183	2,337	157		106	1,043	3,868
11-17	Female	30	197	1,205	95		77	976	2,580
	Male	28	208	1,263	108		85	1,006	2,698
Totals		156	893	9,371	634	-	491	4,962	16,507

##### SFY01

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	24	79	1,852	157		112	652	2,876
	Male	35	91	1,846	154		120	716	2,962
04-10	Female	53	277	3,560	298		222	1,478	5,888
	Male	68	256	3,778	303		247	1,546	6,198
11-17	Female	43	251	1,950	212		155	1,300	3,911
	Male	50	258	2,002	236		157	1,372	4,075
Totals		273	1,212	14,988	1,360	-	1,013	7,064	25,910

**SFY 2002**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	26	64	1,978	102		167	733	3,070
	Male	34	74	2,151	114		140	722	3,235
04-10	Female	66	202	4,042	231		272	1,521	6,334
	Male	75	228	4,287	248		312	1,688	6,838
11-17	Female	48	199	2,148	177		200	1,326	4,098
	Male	47	234	2,270	181		217	1,371	4,320
Totals		296	1,001	16,876	1,053	-	1,308	7,361	27,895

**SFY 2003**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female	36	49	1,666	100		398	565	2,814
	Male	28	55	1,753	137		438	630	3,041
04-10	Female	60	160	3,921	296		553	1,344	6,334
	Male	74	166	4,091	260		623	1,512	6,726
11-17	Female	53	205	2,340	250		462	1,271	4,581
	Male	63	207	2,303	258		503	1,395	4,729
Totals		314	842	16,074	1,301		2,977	6,717	28,225

***Enrollees***

**SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		9	13	3		11	28	64
	Male		19	21	4	1	18	63	126
04-10	Female		4	14	6	1	11	46	82
	Male	1	11	20	4		17	84	137
11-17	Female		8	5	2		9	8	32
	Male		9	8	7		4	8	36
Totals		1	60	81	26	2	70	237	477

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female			1			2	2	5
	Male			1			2	7	10
04-10	Female		4	15	1		20	58	98
	Male		30	34	5		28	138	235
11-17	Female		11	21	2		37	107	178
	Male	2	26	37	5		32	159	261
Totals		2	71	109	13	-	121	471	787

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female			2				2	4
	Male		1				3	1	5
04-10	Female		9	8	1		31	56	105
	Male		16	28	1	1	57	133	236
11-17	Female		9	21	3		41	120	194
	Male	1	25	28	4		51	161	270
Totals		1	60	87	9	1	183	473	814

### SFY03

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		1				1	5	7
	Male		1	1			3	5	10
04-10	Female		5	14	1	2	41	77	140
	Male		21	14	2	2	95	150	284
11-17	Female		21	22	6		52	160	261
	Male		14	39	3		67	196	319
Totals		-	63	90	12	4	259	593	1,021

### Historical Rates

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ 10.23	\$ 10.23	\$ 10.23	\$ 10.23	\$ 10.93
Annual Percentage Change over Prior Year		0.00%	0.00%	0.00%	6.84%

### Member Months

	SFY00	SFY01	SFY02	SFY03
Member Months	305,587	323,805	341,989	337,286
Annual Percentage Change over Prior Year		6.0%	5.6%	-1.4%



## Title XXI — Adults

### Historical Rates

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ 31.50	\$ 31.50	\$ 31.50	\$ 31.50	\$ 31.81
Annual Percentage Change over Prior Year		0.00%	0.00%	0.00%	0.98%

### Member Months

	SFY00	SFY01	SFY02	SFY03
Member Months	31,045	21,286	11,546	7,138
Annual Percentage Change over Prior Year		-31.4%	-45.8%	-38.2%

## Title XXI HIFA II — Adults

### Historical Rates

#### *SMI*

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ -	\$ -	\$ -	\$ -	\$ 31.81
Annual Percentage Change over Prior Year		N/A	N/A	N/A	N/A

#### *GMH/SA*

	SFY00	SFY01	SFY02	SFY03	SFY04
Capitation Rate	\$ -	\$ -	\$ -	\$ -	\$ 10.71
Annual Percentage Change over Prior Year		N/A	N/A	N/A	N/A

### Member Months

	SFY00	SFY01	SFY02	SFY03
Member Months				26,431
Annual Percentage Change over Prior Year				

Note: Per Statute, effective June 30, 2004, Title XXI HIFA Adults will no longer be an eligible population.

## Title XIX DDD-ALTCS — Children

### Demographic Tables

#### *Eligibles*

##### **SFY01 – SFY03**

Age	2001	2002	2003
00-03	840	910	976
04-10	2,083	2,339	2,669
11-17	1,286	1,419	1,625
<b>Totals</b>	<b>4,209</b>	<b>4,668</b>	<b>5,270</b>

***Enrollees***

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		1	2			1	3	7
	Male		1	6	3	1	4	23	38
04-10	Female	1	7	16	2		8	60	94
	Male		25	31	4		12	135	207
11-17	Female	1	12	12	2		11	59	97
	Male	4	31	42	5		12	151	245
Totals		6	77	109	16	1	48	431	688

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		2	2	1		4	6	15
	Male		2	10		1	2	16	31
04-10	Female		11	9	1		13	65	99
	Male		32	31	6		49	167	285
11-17	Female	1	13	12	3		11	57	97
	Male	5	30	42	4	1	14	154	250
Totals		6	90	106	15	2	93	465	777

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female			2			5	9	16
	Male		3	4			4	20	31
04-10	Female		12	17	6		22	64	121
	Male	3	38	34	9	1	61	198	344
11-17	Female	1	17	12	1		13	66	110
	Male	5	41	40	6		27	179	298
Totals		9	111	109	22	1	132	536	920

## Financial Data

Category of Service	Member Months*	Total Dollars*	PMPM*
Treatment Services	28,594	\$ 383,635	\$ 13.42
Rehabilitation Services	28,594	\$ 1,792	\$ 0.06
Medical Services	28,594	\$ 168,624	\$ 5.90
Support Services	28,594	\$ 59,427	\$ 2.08
Crisis Intervention Services	28,594	\$ 11,760	\$ 0.41
Inpatient Services	28,594	\$ 77,736	\$ 2.72
Residential Services	28,594	\$ 44,408	\$ 1.55
Behavioral Health Day Programs	28,594	\$ -	\$ -
Medications	28,594	\$ 647,997	\$ 22.66
<b>Total</b>	<b>28,594</b>	<b>\$ 1,395,379</b>	<b>\$ 48.80</b>

\* Represents the first six months of SFY03.

## Title XIX DDD-ALTCS — Adults

### Demographic Tables

#### *Eligibles*

##### **SFY01 – SFY03**

Age	2001	2002	2003
18-39	2,126	2,314	2,472
40-64	714	809	895
65+	65	68	72
<b>Totals</b>	<b>2,905</b>	<b>3,191</b>	<b>3,439</b>

***Enrollees***

**SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	2	27	25	3		8	161	226
	Male	2	24	34	3		7	210	280
40-64	Female	2	9	13	3		2	70	99
	Male	3	8	9	1		6	87	114
65+	Female			1				10	11
	Male							1	1
Totals		9	68	82	10	-	23	539	731

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	2	27	22	3	1	11	166	232
	Male	3	30	38	1		10	231	313
40-64	Female	2	11	12	1		6	87	119
	Male	4	10	8	1		8	110	141
65+	Female							11	11
	Male			1				1	2
Totals		11	78	81	6	1	35	606	818

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	3	27	25	3	1	13	160	232
	Male	5	28	43	2		15	246	339
40-64	Female	1	11	10	1		8	113	144
	Male	3	16	11	1		8	114	153
65+	Female			1				12	13
	Male		1	1				3	5
Totals		12	83	91	7	1	44	648	886

## Financial Data

Category of Service	Member Months*	Total Dollars*	PMPM*
Treatment Services	19,366	\$ 54,378	\$ 2.81
Rehabilitation Services	19,366	\$ 35,766	\$ 1.85
Medical Services	19,366	\$ 44,971	\$ 2.32
Support Services	19,366	\$ 19,835	\$ 1.02
Crisis Intervention Services	19,366	\$ 66,562	\$ 3.44
Inpatient Services	19,366	\$ -	\$ -
Residential Services	19,366	\$ 14,373	\$ 0.74
Behavioral Health Day Programs	19,366	\$ 26,617	\$ 1.37
Medications	19,366	\$ 1,084,837	\$ 56.02
<b>Total</b>	<b>19,366</b>	<b>\$ 1,347,339</b>	<b>\$ 69.57</b>

\* Represents the first six months of SFY03.



## Non-Title XIX/XXI Children

### Demographic Tables

#### *Enrollees*

##### **SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		2	1			1	8	12
	Male		2	3			2	11	18
04-10	Female	2	64	70	3	1	27	178	345
	Male	3	113	122	6	1	71	414	730
11-17	Female	2	80	58	8		47	234	429
	Male	3	122	172	12		95	483	887
Totals		10	383	426	29	2	243	1,328	2,421

##### **SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female						6	4	10
	Male		2		7		4	8	21
04-10	Female	1	32	46	4		41	147	271
	Male		72	85	8		112	324	601
11-17	Female	5	52	62	9	1	90	294	513
	Male	2	91	155	13	1	124	507	893
Totals		8	249	348	41	2	377	1,284	2,309

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female		4	4			3	8	19
	Male		1	1	1		6	9	18
04-10	Female	1	32	45	12	1	77	189	357
	Male		73	86	13	1	144	334	651
11-17	Female	5	56	80	21	1	156	312	631
	Male	3	89	148	25	3	247	622	1,137
Totals		9	255	364	72	6	633	1,474	2,813

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
00-03	Female			2	1		4	4	11
	Male		2				9	5	16
04-10	Female	2	26	27	7		123	169	354
	Male	3	61	65	11	1	246	341	728
11-17	Female	7	51	82	17	5	276	445	883
	Male	4	103	143	22	5	385	668	1,330
Totals		16	243	319	58	11	1,043	1,632	3,322

## Financial Data Reports

*SFY00*

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	40,270	\$ 980,346	\$ 24.34
Rehabilitation Services	40,270	\$ 173,825	\$ 4.32
Medical Services	40,270	\$ 486,355	\$ 12.08
Support Services	40,270	\$ 836,872	\$ 20.78
Crisis Intervention Services	40,270	\$ 180,373	\$ 4.48
Inpatient Services	40,270	\$ 1,597,790	\$ 39.68
Residential Services	40,270	\$ 623	\$ 0.02
Behavioral Health Day Programs	40,270	\$ 18,578	\$ 0.46
Medications	40,270	\$ 863,066	\$ 21.43
<b>Total</b>	<b>40,270</b>	<b>\$ 5,137,828</b>	<b>\$ 127.58</b>

***SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	37,881	\$ 1,211,446	\$ 31.98
Rehabilitation Services	37,881	\$ 223,540	\$ 5.90
Medical Services	37,881	\$ 416,134	\$ 10.99
Support Services	37,881	\$ 1,454,525	\$ 38.40
Crisis Intervention Services	37,881	\$ 222,021	\$ 5.86
Inpatient Services	37,881	\$ 2,689,936	\$ 71.01
Residential Services	37,881	\$ 885	\$ 0.02
Behavioral Health Day Programs	37,881	\$ 66,928	\$ 1.77
Medications	37,881	\$ 700,604	\$ 18.49
<b>Total</b>	<b>37,881</b>	<b>\$ 6,986,019</b>	<b>\$ 184.42</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	-5.9%	23.6%	31.4%
Rehabilitation Services	-5.9%	28.6%	36.7%
Medical Services	-5.9%	-14.4%	-9.0%
Support Services	-5.9%	73.8%	84.8%
Crisis Intervention Services	-5.9%	23.1%	30.9%
Inpatient Services	-5.9%	68.4%	79.0%
Residential Services	-5.9%	42.1%	51.0%
Behavioral Health Day Programs	-5.9%	260.3%	283.0%
Medications	-5.9%	-18.8%	-13.7%
<b>Total</b>	<b>-5.9%</b>	<b>36.0%</b>	<b>44.5%</b>

***SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	30,013	\$ 3,469,825	\$ 115.61
Rehabilitation Services	30,013	\$ 10,995	\$ 0.37
Medical Services	30,013	\$ 557,675	\$ 18.58
Support Services	30,013	\$ 267,601	\$ 8.92
Crisis Intervention Services	30,013	\$ 304,700	\$ 10.15
Inpatient Services	30,013	\$ 2,015,112	\$ 67.14
Residential Services	30,013	\$ 276,902	\$ 9.23
Behavioral Health Day Programs	30,013	\$ 240,114	\$ 8.00
Medications	30,013	\$ 953,385	\$ 31.77
<b>Total</b>	<b>30,013</b>	<b>\$ 8,096,309</b>	<b>\$ 269.76</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	-20.8%	186.4%	261.5%
Rehabilitation Services	-20.8%	-95.1%	-93.8%
Medical Services	-20.8%	34.0%	69.1%
Support Services	-20.8%	-81.6%	-76.8%
Crisis Intervention Services	-20.8%	37.2%	73.2%
Inpatient Services	-20.8%	-25.1%	-5.4%
Residential Services	-20.8%	31188.4%	39390.7%
Behavioral Health Day Programs	-20.8%	258.8%	352.8%
Medications	-20.8%	36.1%	71.8%
<b>Total</b>	<b>-20.8%</b>	<b>15.9%</b>	<b>46.3%</b>

***SFY03\****

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	21,639	\$ 1,636,084	\$ 75.61
Rehabilitation Services	21,639	\$ 1,568	\$ 0.07
Medical Services	21,639	\$ 196,828	\$ 9.10
Support Services	21,639	\$ 265,120	\$ 12.25
Crisis Intervention Services	21,639	\$ 111,330	\$ 5.14
Inpatient Services	21,639	\$ 897,036	\$ 41.45
Residential Services	21,639	\$ 281,223	\$ 13.00
Behavioral Health Day Programs	21,639	\$ 140,376	\$ 6.49
Medications	21,639	\$ 446,635	\$ 20.64
<b>Total</b>	<b>21,639</b>	<b>\$ 3,976,200</b>	<b>\$ 183.75</b>

\* Represents the first six months of SFY03.

## Non-Title XIX/XXI Adults — SMI

### Demographic Tables

#### *Enrollees*

##### **SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	21	132	104	9		31	730	1,027
	Male	32	184	128	11		44	878	1,277
40-64	Female	53	203	129	12		24	1,517	1,938
	Male	54	207	136	13		24	1,319	1,753
65+	Female	9	25	19	2		1	228	284
	Male	4	12	17				99	132
Totals		173	763	533	47	-	124	4,771	6,411

##### **SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	21	151	95	11		57	748	1,083
	Male	29	196	122	14	1	89	942	1,393
40-64	Female	45	210	120	13		38	1,560	1,986
	Male	49	229	123	15	1	41	1,331	1,789
65+	Female	8	28	16	4		7	232	295
	Male	5	11	18	1		1	107	143
Totals		157	825	494	58	2	233	4,920	6,689

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	17	99	77	9		79	658	939
	Male	21	126	98	12		110	776	1,143
40-64	Female	34	165	106	14		49	1,431	1,799
	Male	40	175	100	14	3	42	1,250	1,624
65+	Female	7	22	17	2		5	196	249
	Male	6	8	18	1		6	85	124
Totals		125	595	416	52	3	291	4,396	5,878

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	24	100	74	9		103	688	998
	Male	22	136	91	13		116	802	1,180
40-64	Female	33	164	103	10	1	70	1,589	1,970
	Male	37	206	121	17	4	65	1,391	1,841
65+	Female	8	21	18	5		10	219	281
	Male	6	7	18			7	109	147
Totals		130	634	425	54	5	371	4,798	6,417



## Financial Data Reports

***SFY00***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	75,611	\$ 4,352,525	\$ 57.56
Rehabilitation Services	75,611	\$ 11,955,613	\$ 158.12
Medical Services	75,611	\$ 4,432,901	\$ 58.63
Support Services	75,611	\$ 29,663,423	\$ 392.32
Crisis Intervention Services	75,611	\$ 1,074,576	\$ 14.21
Inpatient Services	75,611	\$ 6,516,082	\$ 86.18
Residential Services	75,611	\$ 28,885	\$ 0.38
Behavioral Health Day Programs	75,611	\$ 664,393	\$ 8.79
Medications	75,611	\$ 11,708,614	\$ 154.85
<b>Total</b>	<b>75,611</b>	<b>\$ 70,397,012</b>	<b>\$ 931.04</b>

***SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	83,548	\$ 2,753,086	\$ 32.95
Rehabilitation Services	83,548	\$ 9,192,956	\$ 110.03
Medical Services	83,548	\$ 3,870,168	\$ 46.32
Support Services	83,548	\$ 26,793,752	\$ 320.70
Crisis Intervention Services	83,548	\$ 506,201	\$ 6.06
Inpatient Services	83,548	\$ 7,061,538	\$ 84.52
Residential Services	83,548	\$ 34,040	\$ 0.41
Behavioral Health Day Programs	83,548	\$ 407,487	\$ 4.88
Medications	83,548	\$ 13,788,196	\$ 165.03
<b>Total</b>	<b>83,548</b>	<b>\$ 64,407,424</b>	<b>\$ 770.90</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	10.5%	-36.7%	-42.8%
Rehabilitation Services	10.5%	-23.1%	-30.4%
Medical Services	10.5%	-12.7%	-21.0%
Support Services	10.5%	-9.7%	-18.3%
Crisis Intervention Services	10.5%	-52.9%	-57.4%
Inpatient Services	10.5%	8.4%	-1.9%
Residential Services	10.5%	17.8%	6.7%
Behavioral Health Day Programs	10.5%	-38.7%	-44.5%
Medications	10.5%	17.8%	6.6%
<b>Total</b>	<b>10.5%</b>	<b>-8.5%</b>	<b>-17.2%</b>

***SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	77,574	\$ 4,732,152	\$ 61.00
Rehabilitation Services	77,574	\$ 2,221,909	\$ 28.64
Medical Services	77,574	\$ 2,410,549	\$ 31.07
Support Services	77,574	\$ 27,545,449	\$ 355.09
Crisis Intervention Services	77,574	\$ 1,831,249	\$ 23.61
Inpatient Services	77,574	\$ 4,492,379	\$ 57.91
Residential Services	77,574	\$ 3,135,250	\$ 40.42
Behavioral Health Day Programs	77,574	\$ 707,317	\$ 9.12
Medications	77,574	\$ 13,209,313	\$ 170.28
<b>Total</b>	<b>77,574</b>	<b>\$ 60,285,567</b>	<b>\$ 777.14</b>

***Annual Percentage Change SFY01 – SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	-7.2%	71.9%	85.1%
Rehabilitation Services	-7.2%	-75.8%	-74.0%
Medical Services	-7.2%	-37.7%	-32.9%
Support Services	-7.2%	2.8%	10.7%
Crisis Intervention Services	-7.2%	261.8%	289.6%
Inpatient Services	-7.2%	-36.4%	-31.5%
Residential Services	-7.2%	9110.5%	9819.8%
Behavioral Health Day Programs	-7.2%	73.6%	86.9%
Medications	-7.2%	-4.2%	3.2%
<b>Total</b>	<b>-7.2%</b>	<b>-6.4%</b>	<b>0.8%</b>

***SFY03\****

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	36,209	\$ 2,348,448	\$ 64.86
Rehabilitation Services	36,209	\$ 1,779,946	\$ 49.16
Medical Services	36,209	\$ 1,064,043	\$ 29.39
Support Services	36,209	\$ 15,780,263	\$ 435.81
Crisis Intervention Services	36,209	\$ 1,058,284	\$ 29.23
Inpatient Services	36,209	\$ 1,583,888	\$ 43.74
Residential Services	36,209	\$ 2,733,671	\$ 75.50
Behavioral Health Day Programs	36,209	\$ 464,222	\$ 12.82
Medications	36,209	\$ 6,676,188	\$ 184.38
<b>Total</b>	<b>36,209</b>	<b>\$ 33,488,953</b>	<b>\$ 924.88</b>

\* Represents the first six months of SFY03.

## Non-Title XIX/XXI — GMH/SA

### Demographic Tables

#### *Enrollees*

##### **SFY00**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	10	271	117	99	1	258	1,206	1,962
	Male	15	499	231	221	3	802	1,842	3,613
40-64	Female	5	134	81	36		87	619	962
	Male	9	303	162	98	1	287	1,087	1,947
65+	Female		4	7	2		5	41	59
	Male		6	3	2		6	52	69
Totals		39	1,217	601	458	5	1,445	4,847	8,612

##### **SFY01**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	17	212	146	130	4	339	1,518	2,366
	Male	21	545	310	285	8	994	2,479	4,642
40-64	Female	10	111	59	59		106	778	1,123
	Male	3	313	164	169	3	338	1,497	2,487
65+	Female	5	5		2		8	66	86
	Male		12	5	1		18	71	107
Totals		56	1,198	684	646	15	1,803	6,409	10,811

**SFY02**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	7	207	137	102	2	346	1,409	2,210
	Male	13	418	267	191	3	899	2,121	3,912
40-64	Female	5	85	55	40		99	687	971
	Male	7	232	156	86	1	289	1,227	1,998
65+	Female	2	5	3	1		1	31	43
	Male	1	7	4	1		9	49	71
Totals		35	954	622	421	6	1,643	5,524	9,205

**SFY03**

Age	Gender	Asian	Black	Hispanic/ Latino	Native American	Native Hawaiian	Other/ Unknown	White	Totals
18-39	Female	12	184	114	66	1	369	1,396	2,142
	Male	14	303	176	99	8	765	1,641	3,006
40-64	Female	7	89	35	17	6	106	651	911
	Male	4	204	107	53	4	226	951	1,549
65+	Female	4	2	2	5		10	41	64
	Male	1	5	4	1		14	42	67
Totals		42	787	438	241	19	1,490	4,722	7,739

## Financial Data Reports

### *SFY00*

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	127,983	\$ 5,882,341	\$ 45.96
Rehabilitation Services	127,983	\$ 994,291	\$ 7.77
Medical Services	127,983	\$ 1,831,402	\$ 14.31
Support Services	127,983	\$ 2,078,506	\$ 16.24
Crisis Intervention Services	127,983	\$ 4,133,141	\$ 32.29
Inpatient Services	127,983	\$ 4,460,318	\$ 34.85
Residential Services	127,983	\$ 743,517	\$ 5.81
Behavioral Health Day Programs	127,983	\$ 43,037	\$ 0.34
Medications	127,983	\$ 422,838	\$ 3.30
<b>Total</b>	<b>127,983</b>	<b>\$ 20,589,391</b>	<b>\$ 160.88</b>

***SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	156,005	\$ 7,158,415	\$ 45.89
Rehabilitation Services	156,005	\$ 1,700,890	\$ 10.90
Medical Services	156,005	\$ 1,799,676	\$ 11.54
Support Services	156,005	\$ 2,031,772	\$ 13.02
Crisis Intervention Services	156,005	\$ 2,878,055	\$ 18.45
Inpatient Services	156,005	\$ 3,949,701	\$ 25.32
Residential Services	156,005	\$ 677,057	\$ 4.34
Behavioral Health Day Programs	156,005	\$ 52,328	\$ 0.34
Medications	156,005	\$ 390,886	\$ 2.51
<b>Total</b>	<b>156,005</b>	<b>\$ 20,638,780</b>	<b>\$ 132.30</b>

***Annual Percentage Change SFY00 – SFY01***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	21.9%	21.7%	-0.2%
Rehabilitation Services	21.9%	71.1%	40.3%
Medical Services	21.9%	-1.7%	-19.4%
Support Services	21.9%	-2.2%	-19.8%
Crisis Intervention Services	21.9%	-30.4%	-42.9%
Inpatient Services	21.9%	-11.4%	-27.4%
Residential Services	21.9%	-8.9%	-25.3%
Behavioral Health Day Programs	21.9%	21.6%	-0.3%
Medications	21.9%	-7.6%	-24.2%
<b>Total</b>	<b>21.9%</b>	<b>0.2%</b>	<b>-17.8%</b>



## ***SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	112,914	\$ 6,891,277	\$ 61.03
Rehabilitation Services	112,914	\$ 28,084	\$ 0.25
Medical Services	112,914	\$ 2,038,556	\$ 18.05
Support Services	112,914	\$ 3,105,387	\$ 27.50
Crisis Intervention Services	112,914	\$ 2,611,651	\$ 23.13
Inpatient Services	112,914	\$ 2,527,575	\$ 22.38
Residential Services	112,914	\$ 1,745,573	\$ 15.46
Behavioral Health Day Programs	112,914	\$ 935,034	\$ 8.28
Medications	112,914	\$ 352,534	\$ 3.12
<b>Total</b>	<b>112,914</b>	<b>\$ 20,235,671</b>	<b>\$ 179.21</b>

## ***Annual Percentage Change SFY01 – SFY02***

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	-27.6%	-3.7%	33.0%
Rehabilitation Services	-27.6%	-98.3%	-97.7%
Medical Services	-27.6%	13.3%	56.5%
Support Services	-27.6%	52.8%	111.2%
Crisis Intervention Services	-27.6%	-9.3%	25.4%
Inpatient Services	-27.6%	-36.0%	-11.6%
Residential Services	-27.6%	157.8%	256.2%
Behavioral Health Day Programs	-27.6%	1686.9%	2368.8%
Medications	-27.6%	-9.8%	24.6%
<b>Total</b>	<b>-27.6%</b>	<b>-2.0%</b>	<b>35.5%</b>

***SFY03\****

Category of Service	Enrollee Months	Financial Statement Dollars	Financial Statement PMPM
Treatment Services	59,250	\$ 2,535,337	\$ 42.79
Rehabilitation Services	59,250	\$ 13,981	\$ 0.24
Medical Services	59,250	\$ 742,391	\$ 12.53
Support Services	59,250	\$ 1,242,411	\$ 20.97
Crisis Intervention Services	59,250	\$ 1,314,932	\$ 22.19
Inpatient Services	59,250	\$ 879,413	\$ 14.84
Residential Services	59,250	\$ 1,082,401	\$ 18.27
Behavioral Health Day Programs	59,250	\$ 500,060	\$ 8.44
Medications	59,250	\$ 141,562	\$ 2.39
<b>Total</b>	<b>59,250</b>	<b>\$ 8,452,488</b>	<b>\$ 142.66</b>

\* Represents the first six months of SFY03.

## ***Summary of Historical Rates***

The capitation rates paid to the contractor in Maricopa County are presented below.

Program	SFY00	SFY01	SFY02	SFY03	SFY04
Title XIX Children	\$ 23.39	\$ 23.39	\$ 23.39	\$ 23.39	\$ 24.29
Title XIX SMI Adults	\$ 61.35	\$ 64.56	\$ 92.62	\$ 81.11	\$ 81.92
Title XIX GMH/SA Adults	\$ 14.07	\$ 14.76	\$ 19.93	\$ 20.26	\$ 26.78
Title XXI Children	\$ 10.23	\$ 10.23	\$ 10.23	\$ 10.23	\$ 10.93
Title XXI Adults	\$ 31.50	\$ 31.50	\$ 31.50	\$ 31.50	\$ 31.81
Title XXI HIFA II Adults — SMI					\$ 31.81
Title XXI HIFA II Adults — GMH/SA					\$ 10.71

## Summary of Title XIX, Title XXI, and Non-Title XIX/XXI Disbursements

### SFY00

Category	Amount Paid YTD
<b>SMI - NON TITLE XIX/XXI</b>	
SMI SERVICES	\$ 21,040,423
SMI - HOMELESS MATCH*	77,919
RESIDENTIAL IP BEDS	2,098,297
PSYCHO DRUGS	1,693,301
SM/SA DUAL	150,000
MENTAL HEALTH - SMI	660,910
SUB ABUSE/ALCOHOL - SMI	87,355
GERIATRIC BEDS	1,477,180
PSYCHOTROPIC MEDS	3,348,777
MHBG 99 - SMI	46,132
MHBG 00 - SMI	283,950
HOMELESS SMI GRANT	192,258
MARICOPA COUNTY IGA - FY 2000	21,605,510
<b>Subtotal</b>	<b>52,762,012</b>
<b>COMMUNITY PLACEMENT</b>	
ASH SUPV. CARE MOVE FY99-00	5,313,227
<b>SMI - ADULT TITLE XIX</b>	
SMI TITLE XIX MATCH	12,457,404
TITLE XIX/CAP/SMI SVCS	27,393,428
DES/DDD - FY 00	804,058
<b>Subtotal</b>	<b>40,654,890</b>
<b>CHILDREN - NON TITLE XIX/XXI</b>	
CHILDREN'S TREATMENT	2,451,914
SA/ALCOHOL - CHILDREN	349,010
SA/DRUG - CHILDREN	579,356
SEH CHILDREN*	2,329,926
CHILDREN'S RESPITE CARE	143,012
MHBG 99 SED CHILD/MH	1,142,638
MHBG 00 SED CHILD/MH	919,216
MARICOPA COUNTY IGA	1,375,000
MARICOPA COUNTY ICMP*	159,110
<b>Subtotal</b>	<b>9,449,182</b>
<b>CHILDREN - TITLE XIX</b>	
BHS STATE MATCH TITLE XIX	10,643,256
TITLE XIX/CAP/CHILDREN'S SVCS.	23,419,520
DES/DDD - FY 99	1,139,077
<b>Subtotal</b>	<b>35,201,853</b>
<b>KIDSCARE-TITLE XXI</b>	
TXXI/CAP/18YO SVCS	248,252

Category	Amount Paid YTD
TXXI/CAP/CHILDRE N'S SVCS.	1,404,978
<b>Subtotal</b>	<b>1,653,230</b>
<b>ALCOHOL</b>	
SA/ALCOHOL - ADULT	3,033,825
ALCOHOL ABUSE TX	494,648
ALCOHOL FINES	97,592
SUBSTANCE ABUSE FUND	80,650
COMMUNITY THERAPY TX	601,724
SABG 99 ALCOHOL	1,261,103
SABG 00 ALCOHOL	2,551,888
SABG 99 CONTIN PW - ALCOHOL	45,548
SABG 00 NEW PW - ALCOHOL	115,607
SABG 99 CONTIN PW - ALCOHOL	129,541
SABG 00 NEW PW - ALCOHOL	388,622
SABG 99 HIV/AIDS - ALCOHOL	305,171
MARICOPA COUNTY IGA	1,135,266
CITY OF PHOENIX - LARC	567,558
<b>Subtotal</b>	<b>10,808,743</b>
<b>TOBACCO TAX</b>	
TOBACCO TAX	2,549,286
PSYCHOTROPIC MEDS	2,822,169
<b>Subtotal</b>	<b>5,371,455</b>
<b>DRUG</b>	
SA/DRUG – ADULT	1,876,868
DRUG FINES*	227,940
SUBSTANCE ABUSE FUND*	110,992
COMMUNITY THERAPY TX	338,336
SABG 99 DRUG - GENERAL	1,734,411
SABG 00 DRUG - GENERAL	4,124,191
SABG 99 CONTIN PW - DRUG	83,053
SABG 00 NEW PW - DRUG	210,803
SABG 99 CONTIN PW - DRUG	207,909
SABG 00 NEW PW - DRUG	623,728
SABG 99 HIV/AIDS - DRUG	519,986
<b>Subtotal</b>	<b>10,058,217</b>
<b>SUBSTANCE ABUSE – TITLE XIX</b>	
S/A TITLE XIX MATCH	2,760,412
AHCCCS/TITLE XIX/MH SA SVCS	6,175,232
<b>Subtotal</b>	<b>8,935,644</b>
<b>MENTAL HEALTH</b>	
MENTAL HEALTH - ADULT	2,692,485
MARICOPA COUNTY IGA	1,690,199
COMPULSIVE GAMBLING ISA*	72,145
<b>Subtotal</b>	<b>4,454,829</b>

Category	Amount Paid YTD
<b>DEPT. OF CORRECTION</b>	
ADOC - COL STAFF	131,250
ADOC - AFTER CARE	480,935
<b>Subtotal</b>	<b>612,185</b>
<b>CLAIMS PROCESSING</b>	
THIRD PARTY PAYOR*	437,151
THIRD PARTY PAYOR*	217,310
<b>Subtotal</b>	<b>654,461</b>
<b>PREVENTION</b>	
SA/DRUG - PREVENTION	53,519
MH - PREVENTION	131,054
CHILDREN'S PREVENTION	1,992,571
SIG COOP PREV*	534,032
SABG 99 PREVENTION - ALC	388,245
SABG 00 PREVENTION - ALC	1,100,835
SABG 99 PREVENTION - DRUG	591,005
SABG 00 PREVENTION - DRUG	1,384,751
<b>Subtotal</b>	<b>6,176,012</b>
<b>PASAAR</b>	
PASAAR	112,837
<b>SUMMARY TOTAL</b>	<b>\$ 192,218,777</b>

\* Programs will not continue in SFY05. In addition, other Non-Title XIX/XXI programs are not guaranteed to continue in SFY05.

**SFY01**

Category	Amount Paid YTD
<b>SMI - NON TITLE XIX/XXI</b>	
SMI SERVICES	\$ 20,716,728
RESIDENTIAL IP BEDS	2,098,297
PSYCHO DRUGS	1,693,301
SMI SERVICES - TOB SETTLEMENT*	7,796,436
MENTAL HEALTH - SMI	660,910
SUB ABUSE/ALCOHOL - SMI	87,355
GERIATRIC BEDS	1,477,180
PSYCHOTROPIC MEDS	3,917,854
PSYCHO MEDS- NEW GENERATION	2,314,179
PSYCHOTROPIC MEDS-TOB TAX	5,803,217
MHBG 00 - SMI	89,099
MHBG 01 - SMI	283,950
MARICOPA COUNTY IGA - FY 2001	24,239,444
<b>Subtotal</b>	<b>71,177,950</b>
<b>COMMUNITY PLACEMENT</b>	
ASH SUPV. CARE MOVE FY00-01	3,984,921
<b>SMI - ADULT TITLE XIX</b>	
TITLE XIX/CAP/SMI SVCS & STATE MATCH	34,615,093
PROPOSITION 204	2,313,056
PROPOSITION 204 - OUTREACH	107,890
AHCCCS MEDICAID SUPPLEMENT - ST	4,298,884
AHCCCS MEDICAID SUPPLEMENT - FED	8,263,482
DES/DDD - FY 01	663,457
<b>Subtotal</b>	<b>50,261,863</b>
<b>CHILDREN - NON TITLE XIX/XXI</b>	
CHILDREN'S TREATMENT	2,447,979
SA/ALCOHOL - CHILDREN	349,010
SA/DRUG - CHILDREN	579,356
SEH CHILDREN*	1,774,200
CHILDREN'S RESPITE CARE	143,012
CHILD SERVICES - TOBACCO STLMT	2,412,828
MHBG 00 SED CHILD/MH	1,892,248
MHBG 01 SED CHILD/MH	919,216
MARICOPA COUNTY IGA	1,500,000
MARICOPA COUNTY ICMP*	100,139
<b>Subtotal</b>	<b>12,117,988</b>
<b>CHILDREN - TITLE XIX</b>	
TITLE XIX/CAP/CHILDREN'S SVCS & STATE MATCH	31,262,629
PROPOSITION 204	17,192
AHCCCS MEDICAID SUPPLEMENT - ST	3,021,287
AHCCCS MEDICAID SUPPLEMENT - FED	5,799,877
DES/DDD - FY 01	964,688
<b>Subtotal</b>	<b>41,065,673</b>

Category	Amount Paid YTD
<b>KIDSCARE – TITLE XXI</b>	
Title XXI/CAP/18YO SVCS	415,989
Title XXI/CAP/CHILDREN'S SVCS	2,535,187
<b>Subtotal</b>	<b>2,951,176</b>
<b>ALCOHOL</b>	
SA/ALCOHOL - ADULT	3,635,549
ALCOHOL ABUSE TX	494,648
ALCOHOL FINES	178,242
SABG 00 ALCOHOL	1,261,103
SABG 01 ALCOHOL	2,551,888
SABG 00 CONTIN PW - ALCOHOL	105,548
SABG 01 NEW PW - ALCOHOL	115,607
SABG 00 CONTIN PW - ALCOHOL	129,541
SABG 01 NEW PW - ALCOHOL	388,622
SABG 00 HIV/AIDS - ALCOHOL	305,171
MARICOPA COUNTY IGA	1,364,171
CITY OF PHOENIX - LARC	564,721
<b>Subtotal</b>	<b>11,094,811</b>
<b>TOBACCO TAX</b>	
TOBACCO TAX	2,549,286
<b>DRUG</b>	
SA/DRUG - ADULT	2,215,204
DRUG FINES	338,932
SABG 00 DRUG - GENERAL	1,734,411
SABG 01 DRUG - GENERAL	4,124,191
SABG 00 CONTIN PW - DRUG	173,053
SABG 01 NEW PW - DRUG	210,803
SABG 00 CONTIN PW - DRUG	207,909
SABG 01 NEW PW - DRUG	623,728
SABG 00 HIV/AIDS - DRUG	519,986
<b>Subtotal</b>	<b>10,148,217</b>
<b>SUBSTANCE ABUSE – TITLE XIX</b>	
AHCCCS/TITLE XIX/MH/SA SVCS& STATE MATCH	7,016,386
PROPOSITION 204	353,605
PCA Error	175,216
AHCCCS MEDICAID SUPPLEMENT - ST	1,278,794
AHCCCS MEDICAID SUPPLEMENT - FED	2,457,906
<b>Subtotal</b>	<b>11,281,907</b>
<b>MENTAL HEALTH</b>	
MENTAL HEALTH - ADULT	2,692,485
MARICOPA COUNTY IGA	1,866,705
COMPULSIVE GAMBLING ISA*	66,813
<b>Subtotal</b>	<b>4,626,003</b>
<b>DEPT. OF CORRECTION</b>	
ADOC - COL STAFF	131,250



Category	Amount Paid YTD
ADOC - AFTER CARE	706,784
<b>Subtotal</b>	<b>838,034</b>
<b>CLAIMS PROCESSING</b>	
THIRD PARTY PAYOR*	277,251
THIRD PARTY PAYOR*	302,753
THIRD PARTY PAYOR FIXED*	75,000
<b>Subtotal</b>	<b>655,004</b>
<b>PREVENTION</b>	
SA/DRUG - PREVENTION	53,519
MH - PREVENTION	131,054
CHILDREN'S PREVENTION	1,992,571
SIG COOP PREV*	50,480
SIG COOP PREV FY01*	565,565
SABG 00 PREVENTION - ALC	388,245
SABG 01 PREVENTION - ALC	1,100,835
SABG 00 PREVENTION - DRUG	591,005
SABG 01 PREVENTION - DRUG	1,384,751
<b>Subtotal</b>	<b>6,258,025</b>
<b>PASAAR</b>	
PASAAR	83,400
<b>SUMMARY TOTAL</b>	<b>\$ 226,544,972</b>

\* Programs will not continue in SFY05. In addition, other Non-Title XIX/XXI programs are not guaranteed to continue in SFY05.

**SFY02**

Category	Amount Paid YTD
<b>CHILDREN'S SERVICES</b>	
State Funds	
Services*	\$ 2,183,200
SEH Children	1,928,583
SEH Children	411,149
HB 2003 - Tob Tax Set - E1H69576*	1,378,760
MN/MI - Tobacco Tax	240,000
<b>Subtotal</b>	<b>6,141,692</b>
<b>Federal Funds</b>	
CMHS SED Mental Health	2,228,438
CMHS SED Mental Health	919,216
<b>Subtotal</b>	<b>3,147,654</b>
<b>County Funds</b>	
Maricopa County IGA	1,500,000
<b>Other Funds</b>	
Maricopa County IGA – ICMP*	96,484
<b>Subtotal</b>	<b>96,484</b>
<b>Title XIX Funds</b>	
Capitation	48,379,504
Prop 204	415,056
DES/DD	2,621,422
SEH Children/Non-Title XIX to Title XIX*	348,011
<b>Subtotal</b>	<b>51,763,992</b>
<b>Title XXI - KidsCare Funds</b>	
Children's Services	2,366,564
18 Year-Old Services	279,815
<b>Subtotal</b>	<b>2,646,378</b>
<b>SMI SERVICES</b>	
State Funds	
Services	10,224,100
SMI Services - Tobacco Settlement*	5,477,400
Psychotropic Meds	3,917,900
Psychotropic Drugs	5,555,600
HB 2003 - Tob Settle - E1H69576*	4,881,593
Arnold v Sarn	8,645,800
Community Placement - ASH	380,853
Community Placement - ASH	(1,200)
Community Placement - ASH	5,313,200
Tobacco Tax - MN/MI	1,289,500
Residual Balance*	1,885,300
<b>Subtotal</b>	<b>47,570,046</b>

Category	Amount Paid YTD
<b>Federal Funds</b>	
CMHS SMI	149,694
CMHS SMI	283,950
<b>Subtotal</b>	<b>433,644</b>
<b>Maricopa County IGA</b>	
	<b>23,327,088</b>
<b>Title XIX Funds</b>	
Capitation	67,431,722
Capitation	4,896,545
Prop 204	36,364,187
Prop 204 Outreach	160,759
Prop 204 Outreach/Incentive	2,340
Prop 204 Outreach/Incentive	215,780
Prop 204 Outreach/Incentive	6,070
DES/DDD	1,803,140
<b>Subtotal</b>	<b>110,880,543</b>
<b>SUBSTANCE ABUSE SERVICES</b>	
State Funds	
Adults	5,908,100
Children	415,000
Substance Abuse Treatment	494,600
Substance Abuse Fines	517,100
<b>Subtotal</b>	<b>7,334,800</b>
<b>Federal Funds</b>	
SAPT PPP - Substance Abuse	3,168,809
SAPT PPP - Substance Abuse	6,502,784
SAPT PPP - Preg/Parenting Women	616,051
SAPT PPP - Preg/Parenting Women	1,338,760
SAPT HIV/AIDS	825,157
<b>Subtotal</b>	<b>12,451,561</b>
<b>Maricopa County IGA</b>	
	<b>1,364,171</b>
<b>Other Funds</b>	
City of Phoenix - LARC	573,865
<b>Subtotal</b>	<b>573,865</b>
<b>GENERAL MENTAL HEALTH</b>	
State Funds	
Adults	1,419,400
<b>Subtotal</b>	<b>1,419,400</b>
<b>County Funds</b>	
Maricopa County IGA	1,465,367
Maricopa County Adult Prob - 10/01*	54,080
<b>Subtotal</b>	<b>1,519,447</b>

Category	Amount Paid YTD
<b>Other Funds</b>	
Compulsive Gambling ISA*	55,691
Compulsive Gambling ISA*	138,050
<b>Subtotal</b>	<b>193,741</b>
<b>Title XIX Funds</b>	
GMH/SA Prop 204 Outreach	160,759
GMH/SA Capitation	17,639,259
GMH/SA Proposition 204	8,877,579
<b>Subtotal</b>	<b>26,677,598</b>
<b>PREVENTION SERVICES</b>	
State Funds	
Children's Prevention	2,123,400
Substance Abuse Prevention	53,600
Mental Health Prevention	131,100
<b>Subtotal</b>	<b>2,308,100</b>
<b>Federal Funds</b>	
SAPT PPP	1,280,955
SAPT PPP	2,183,881
SIG Coop Prevention*	671,099
<b>Subtotal</b>	<b>4,135,935</b>
<b>OTHER FUNDS</b>	
Department of Corrections	
ADOC - After Care	99,847
ADOC - After Care	911,984
ADOC - COL Staff	131,250
<b>Subtotal</b>	<b>1,143,081</b>
<b>Claims Processing</b>	
Third Party Payor*	220,207
<b>Subtotal</b>	<b>220,207</b>
<b>PASAAR</b>	
PASAAR	71,400
<b>SUMMARY TOTAL</b>	<b>\$ 306,920,829</b>

\* Programs will not continue in SFY05. In addition, other Non-Title XIX/XXI programs are not guaranteed to continue in SFY05.

**SFY03**

Category	Amount Paid YTD
<b>CHILDREN'S SERVICES</b>	
<b>State Funds</b>	
Children's Services	\$ 2,086,446
SEH Children*	280,750
Children's MN/MI - Tobacco Tax	60,000
<b>Subtotal</b>	<b>2,427,196</b>
<b>HB 2003 - Tobacco Settlement*</b>	
Children's Services - E1H69722 001	1,200,000
Converted to Services	180,000
Training	961,511
<b>Subtotal</b>	<b>2,341,511</b>
<b>Federal Funds</b>	
CMHS - SED	53,800
CMHS - SED	2,439,303
CMHS - SED	919,216
<b>Subtotal</b>	<b>3,412,319</b>
<b>Title XIX/Title XXI Funds</b>	
Children's Capitation	57,863,756
Children's Prop 204	556,378
Children's DES/DD	3,303,612
Title XXI - KidsCare - Children	2,331,625
<b>Subtotal</b>	<b>64,055,371</b>
<b>Other Funds</b>	
Maricopa County IGA	1,500,000
Maricopa County IGA – ICMP*	45,245
<b>Subtotal</b>	<b>1,545,245</b>
<b>SMI SERVICES</b>	
<b>State Funds</b>	
SMI Svcs Fund - General Svcs	1,221,379
SMI Services	20,985,768
Psychotropic Meds	3,917,900
Psychotropic Drugs	5,555,600
Arnold v Sarn	8,645,800
Community Placement - ASH	895,900
Community Placement - ASH	4,416,800
MN/MI - Tobacco Tax	1,289,500
<b>Subtotal</b>	<b>46,928,647</b>
<b>HB 2003 - Tobacco Settlement*</b>	<b>9,796,084</b>
<b>Federal Funds</b>	
CMHS - SMI	2,000
CMHS - SMI	158,294
CMHS - SMI	283,950

Category	Amount Paid YTD
<b>Subtotal</b>	<b>444,244</b>
<b>Title XIX/Title XXI Funds</b>	
SMI Capitation	78,222,435
SMI Capitation - Admin	7,245,800
SMI Prop 204	4,100,000
SMI Prop 204	60,092,696
SMI Prop 204 - Admin	5,834,972
SMI DES/DDD	2,212,422
Title XXI - KidsCare - Over 17	224,564
Title XXI - HIFA II*	2,156,958
<b>Subtotal</b>	<b>160,089,847</b>
<b>Maricopa County IGA</b>	<b>25,451,416</b>
<b>SUBSTANCE ABUSE SERVICES</b>	
<b>State Funds</b>	
SA Adults	5,665,600
SA Children	415,000
SA Treatment	1,405,500
SA Fines	517,100
<b>Subtotal</b>	<b>8,003,200</b>
<b>Federal Funds</b>	
SAPT - SA	3,520,586
SAPT - SA	6,676,079
SAPT - Preg/Parent Women	642,051
SAPT - Preg/Parent Women	1,338,760
SAPT HIV/AIDS	5,900
SAPT HIV/AIDS	825,157
<b>Subtotal</b>	<b>13,008,533</b>
<b>Maricopa County IGA</b>	<b>1,364,171</b>
<b>Other Funds</b>	
City of Phoenix - LARC	565,823
ADOC - COL Staff	140,625
ADOC - After Care	279,551
ADOC - After Care	1,278,720
ADOC - CTS Positions	75,040
ADOC - COOL Offender Housing	19,500
<b>Subtotal</b>	<b>2,359,259</b>
<b>GENERAL MENTAL HEALTH</b>	
<b>State Funds</b>	
GMH Adults	335,800
<b>Subtotal</b>	<b>335,800</b>
<b>Maricopa County IGA</b>	<b>1,866,705</b>
<b>Other Funds</b>	
Compulsive Gambling ISA*	6,097

Category	Amount Paid YTD
Compulsive Gambling ISA*	25,372
FEMA*	26,338
<b>Subtotal</b>	<b>57,806</b>
<b>Title XIX/Title XXI Funds</b>	
GMH/SA Capitation	21,333,917
GMH/SA Prop 204	16,467,693
Title XXI - HIFA II*	538,774
<b>Subtotal</b>	<b>38,340,384</b>
<b>PREVENTION SERVICES</b>	
<b>State Funds</b>	
Prevention - Children	2,123,400
Prevention - S/A	53,600
<b>Subtotal</b>	<b>2,177,000</b>
<b>Federal Funds</b>	
SAPT Prevention	1,105,687
SAPT Prevention	2,485,586
SIG Coop Prevention*	103,237
<b>Subtotal</b>	<b>3,694,510</b>
<b>OTHER SERVICES</b>	
PASAAR - E3H78917	72,300
<b>SUMMARY TOTAL</b>	<b>\$ 387,771,548</b>

\* Programs will not continue in SFY05. In addition, other Non-Title XIX/XXI programs are not guaranteed to continue in SFY05.

## ***Rate Setting Methodology***

### **SFY05 Rate Update Methodology**

#### ***Behavioral Health Services State Fiscal Year 2005 Capitation Rate Update for the Title XIX Program***

##### ***Introduction/Background***

The ADHS, DBHS contracted with Mercer to develop actuarially sound capitation rates for Maricopa County for SFY05. Rates were developed for the Title XIX program.

##### ***Overview of Rate-Setting Methodology***

Mercer assisted DBHS with the development of a risk-based capitation rate update methodology for Maricopa County that complies with the Centers for Medicare & Medicaid Services's (CMS's) requirements and the regulations under the Balanced Budget Act of 1997 (BBA). As it relates to the rate-setting methodology checklist and Medicaid managed care regulations (42 CFR 438.6) effective August 13, 2002, CMS requires that capitation rates be "actuarially sound." CMS defines actuarially sound rates as meeting the following criteria:

- have been developed in accordance with generally accepted actuarial principles and practices;
- are appropriate for the populations to be covered and the services to be furnished under the contract; and
- have been certified by actuaries who meet qualification standards established by the American Academy of Actuaries and the Actuarial Standards Board.

Actuarially sound capitation rates were developed for the contract period July 1, 2004, through June 30, 2005, covering SFY05. Mercer has utilized actuarially sound principles and practices in the development of these capitation rates.

The goal of capitation rate development is to take experience that is available during the base period and convert that experience, using actuarial principles, into appropriate baseline data for the contract period. Once the baseline data is determined, adjustments including trend, program changes, and provisions for administration and underwriting profit/risk/contingency are applied in order to determine actuarially sound capitation rates.

The capitation rate update process was divided into the following:

##### **1. Calculate base data**

- Collect and analyze Maricopa County encounter data from SFY00 through the first half of SFY03 (1HSFY03)
- Apply separate completion factors by month and drug versus non-drug COS, to account for any unpaid claims liability
- Utilize actual member months from 1HSFY03 and the Base 1HSFY03 total claim costs, to calculate Base 1HSFY03 PMPM values



- Review Maricopa County contractor financial statements to determine if adjustments are needed to the Base 1HSFY03 total claim costs
2. Calculate SFY05 actuarially sound rates
- Apply trend factors to bring final Base 1HSFY03 PMPM claims forward 27 months from 1HSFY03 to SFY05
  - Apply appropriate adjustment for various program changes
  - Certify actuarial equivalence of the populations
  - Add provisions for administration and underwriting profit/risk/contingency

The end result of this capitation rate update process, completed jointly by DBHS and Mercer, is actuarially sound capitation rates for SFY05.

Actuarially sound capitation rates were developed for each of the following populations, Children (CMDP and non-CMDP, separately), SMI and GMH/SA.

### ***Base Costs***

The base data consisted of encounter data for Maricopa County for July 1, 2002, through December 31, 2002. Given significant population growth in the Arizona Medicaid program, and continued emphasis on increased access to providers, this timeframe and its fully credible aggregate membership was determined to be the most appropriate. In addition, financial reports spanning the same time period were used to supplement the encounter data. The base data provided by DBHS to Mercer includes only state-plan approved services. Mercer used the lower value of the submitted encounters or the submitted financial reports for Base 1HSFY03 total claim costs.

For the development of separate CMDP and non-CMDP Children rates, Mercer looked at the historical relationships in the PMPMs between these respective populations. The 1HSFY03 PMPM relationship appeared unusually high. Mercer developed a more consistent 1HSFY03 relationship, and applied relational modeling. No base cost dollars were gained or lost.

### **Completion Factors**

The base encounter data included encounters received through June 30, 2003, with incurred dates from July 1, 2002, through December 31, 2002. Completion factors to account for unpaid claims liability, and thus estimate ultimate incurred liability, were developed separately for drug and non-drug encounters, and were applied by month. In instances where the lower submitted financial report figures were used, the ultimate incurred liability was already derived.

### **Behavioral Health Penetration**

A significant increase in penetration in the behavioral health program has been observed. A greater proportion of the eligible population is accessing the behavioral health system. This increase has contributed to the projected increase in utilization reflected in overall claim cost trend (discussed below).

## **Trend**

Trend is an estimate of the change in the cost of providing a specific set of benefits over time, resulting from both unit cost (price) and utilization changes. Trend factors are used to estimate the cost of providing services in some future year (contract year) based on the cost incurred in a prior (base) period.

In order to determine actuarially sound capitation rates, Mercer projected the base data forward to reflect combined utilization and unit cost trend by population and drug versus non-drug. Mercer calculated trends from the historical encounter data. The historical data that was used as a basis for trend development did not appropriately reflect the costs related to more recent program changes, which made it necessary for Mercer to include separate adjustments in the rate development process to account for such changes (these adjustments are discussed below). Mercer also utilized its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs. Maricopa County contractor submitted financial data trends were also reviewed. Although the trends were developed using several years of historical data, the trends factors were applied only to the 1HSFY03 base data, bringing it forward 27 months to SFY05.

## ***Program Changes***

DBHS and Mercer reviewed the program changes that will have a material effect upon the cost, utilization, or demographic structure of the program during the contract period SFY05, whose effect was not included within the base data. Mercer reviewed the following information:

- programmatic changes affecting covered services and eligibility; and
- programmatic changes affecting provider reimbursement rates.

## **DES Therapeutic Foster Care**

There are an estimated 242 new children in therapeutic foster care that are currently covered by the Department of Economic Security (DES). Of these 242 children, 238 are estimated eligible to shift in claim cost responsibility to DBHS. Mercer has assumed that 85 percent of these eligible children will have fully transitioned to DBHS by the beginning of SFY05. This adjustment was only applied to CMDP children.

## **DES Kids in Counseling**

There are approximately 282 children currently receiving counseling through DES that will transition to DBHS. For SFY05 rate development, Mercer has assumed that 85 percent of these eligible children will actually transition. The children are assumed to have fully transitioned to DBHS by the beginning of SFY05. This adjustment was only applied to CMDP children.

## **ADHD ALTCS Children**

There are approximately 125 children that will transition to DBHS in January 2004. These children are assumed to have the same utilizer behavioral health services costs as the existing Title XIX children receiving services through DBHS. An adjustment was therefore made to reflect the increased penetration rate of children in the Title XIX population. This adjustment was only applied to the non-CMDP children.

### **CMDP Disenrollments**

There are estimated to be three children who were receiving services through DES that have been disenrolled after entering the state hospital. These children will transition to DBHS. An adjustment was made to account for the increase in costs for these children. This adjustment was only applied to the non-CMDP children.

### **Converted SMI Users**

Under the current law and agreements with the plaintiffs in the lawsuit, **Arnold v. ADHS**, Non-Title XIX SMI clients are entitled to the same services as the Title XIX SMI clients. DBHS has converted a significant number of these Non-Title XIX clients to Title XIX eligibility. In 2002, the Arizona Legislature eliminated laws previously exempting the SMI population from being required to comply with all Title XIX eligibility requirements. This action will provide the incentive for those clients seeking to continue to receive the full array of Title XIX services to convert to the Title XIX program.

DBHS estimates that there are approximately 375 Non-Title XIX SMI users that will convert to the Title XIX program in SFY05. The converted users were allocated to Maricopa County based upon the current SMI membership distribution. Estimated PMPM costs were developed.

### **Health Plan Referral Adjustment**

During SFY03, a Title XIX acute care health plan instituted changes in prescription benefit coverage, which is anticipated to impact the DBHS program. The health plan eliminated coverage of certain behavioral health prescription drugs from their formularies. These particular drugs are most often prescribed by primary care physicians, eliminating the need for affected individuals to utilize the RBHA system to receive these drugs. The same percentage adjustment factor used for SFY04 rate development was used for SFY05.

### **Pharmacy Rebates**

Pharmacy rebates are not reflected in the encounter data, but are reported by the RBHAs in their financial statements. An adjustment was made to the pharmacy portion of the claim costs to reflect the net pharmacy rebates received by the Maricopa County contractor.

### ***Administration/Underwriting Profit/Risk/Contingency***

The actuarially sound capitation rates developed include provisions for Maricopa County contractor administration. Mercer used its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs in determining appropriate loads for administration and underwriting profit/risk/contingency. Mercer reviewed current Maricopa County contractor financial reports. Increased operational efficiencies are expected. The component for administration and underwriting profit/risk/contingency is calculated as a percentage of the final capitation rate.

### ***Risk Corridors***

DBHS proposes a risk corridor arrangement with the Maricopa County contractor that provides motivation to appropriately manage expenses, yet provides financial protection against unmanageable losses. The risk corridor provides impetus for the Maricopa County contractor to operate efficiently and generate net income, but also provides for the return of any excessive profit to the State.

The proposed SFY05 DBHS risk corridor approach provides for gain/loss risk sharing symmetry around the service revenue portion of the capitation rates. This risk corridor model is designed to be cost neutral, with no net aggregate assumed impact across all payments. In Mercer's professional opinion, this risk corridor methodology is actuarially sound.

### ***Certification of Final Rates***

Mercer certifies that the SFY05 capitation rates were developed in accordance with generally accepted actuarial practices and principles by actuaries meeting the qualification standards of the American Academy of Actuaries for the populations and services covered under the managed care contract. Rates developed by Mercer are actuarial projections of future contingent events. Actual Maricopa County contractor costs will differ from these projections. Mercer has developed these rates on behalf of DBHS to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable law and regulations. These rates may not be suitable for other purposes.

## ***Behavioral Health Services State Fiscal Year 2005 Capitation Rate Update for the Title XXI Program***

### ***Introduction/Background***

The ADHS, DBHS contracted with Mercer to develop actuarially sound capitation rates for Maricopa County for SFY05. Rates were developed for the Title XXI program.

The State Children's Health Insurance Program (SCHIP), titled "KidsCare" and also known as Title XXI, provides health insurance to uninsured children under 19 years of age whose families gross income is at or below 200 percent of the federal poverty level. The KidsCare benefit package is identical to what is offered to State Employees.

Actuarially sound capitation rates were developed for each of the following populations, Title XXI Children and Title XXI SMI.

### ***Base Costs***

Mercer has developed capitation rates for the Title XXI population for SFY05. Because the membership in these populations is quite low, encounter data from their claims is not sufficient. Title XXI individuals' claim costs generally represent about 40–45 percent of Title XIX claim costs. Based on this observation, DBHS and Mercer agreed to use the Title XIX claim cost PMPM values as the base data for the Title XXI rates.

From these base PMPMs, Mercer applied an acuity adjustment factor to the PMPMs to derive the Title XXI capitation rates. The acuity adjustment factors were 0.45 for Children and 0.40 for the SMI population.

### ***Administration/Underwriting Profit/Risk/Contingency***

The actuarially sound capitation rates developed include provisions for Maricopa County contractor administration. Mercer used its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs in determining appropriate loads for administration and underwriting profit/risk/contingency. Mercer also reviewed current Maricopa County contractor financial reports. Increased operational efficiencies are expected. The component for administration and underwriting profit/risk/contingency is calculated as a percentage of the final capitation rate.

### ***Risk Corridors***

DBHS proposes a risk corridor arrangement with the Maricopa County contractor that provides motivation to appropriately manage expenses, yet provides financial protection against unmanageable losses. The risk corridor provides impetus for the Maricopa County contractor to operate efficiently and generate net income, but also provides for the return of any excessive profit to the State.

The proposed SFY05 DBHS risk corridor approach provides for gain/loss risk sharing symmetry around the service revenue portion of the capitation rates. This risk corridor model is designed to be cost neutral, with no net aggregate assumed impact across all payments. In Mercer's professional opinion, this risk corridor methodology is actuarially sound.

### ***Certification of Final Rates***

Mercer certifies that the SFY05 capitation rates were developed in accordance with generally accepted actuarial practices and principles by actuaries meeting the qualification standards of the American Academy of Actuaries for the populations and services covered under the managed care contract. Rates developed by Mercer are actuarial projections of future contingent events. Actual Maricopa County contractor costs will differ from these projections. Mercer has developed these rates on behalf of DBHS to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable law and regulations. These rates may not be suitable for other purposes.

## **SFY04 Rate Setting Methodology**

### ***Behavioral Health Services State Fiscal Year 2004 Capitation Rates for the Title XIX Program***

#### ***Introduction/Background***

The ADHS, DBHS contracted with Mercer to develop actuarially sound capitation rates for each of its RBHAs for SFY04. Rates were developed for the Title XIX program.

#### ***Overview of Rate-Setting Methodology***

Mercer assisted DBHS with the development of a risk-based capitation rate methodology for RBHAs that complies with the CMS's requirements and the regulations under the BBA. As it relates to the rate-setting methodology checklist and Medicaid managed care regulations (42 CFR 438.6) effective August 13, 2002, CMS requires that capitation rates be "actuarially sound." CMS defines actuarially sound rates as meeting the following criteria:

- have been developed in accordance with generally accepted actuarial principles and practices;
- are appropriate for the populations to be covered and the services to be furnished under the contract; and
- have been certified by actuaries who meet qualification standards established by the American Academy of Actuaries and the Actuarial Standards Board.

Actuarially sound capitation rates were developed for the contract period July 1, 2003, through June 30, 2004, covering SFY04. Mercer has utilized actuarially sound principles and practices in the development of these capitation rates.

The goal of capitation rate development is to take experience that is available during the base period and convert that experience, using actuarial principles, into appropriate baseline data for the contract period. Once the baseline data is determined, adjustments including trend, program changes, and provisions for administration and underwriting profit/risk/contingency are applied in order to determine actuarially sound capitation rates.

The capitation rate development process was divided into the following:

#### **1. Calculate base data**

- Collect and analyze RBHA encounter data from SFY00 through the first half of SFY03 (1HSFY03)
- Apply separate completion factors by month and RBHA, to account for any unpaid claims liability
- Utilize actual member months from 1HSFY03 and the Base 1HSFY03 total claim costs, to calculate Base 1HSFY03 per-member-per-month (PMPM) values

- Review RBHA financial statements to determine if adjustments are needed to the Base 1HSFY03 total claim costs
2. Calculate SFY04 actuarially sound rates
- Apply trend factors to bring final Base 1HSFY03 PMPM claims forward 15 months from 1HSFY03 to SFY04
  - Apply appropriate adjustment for various program changes
  - Certify actuarial equivalence of the populations
  - Add provisions for administration and underwriting profit/risk/contingency

The end result of this capitation rate development process, completed jointly by DBHS and Mercer, is actuarially sound capitation rates for SFY04.

Actuarially sound capitation rates were developed for each of the following populations, Children, SMI, and GMH/SA.

### ***Base Costs***

The base data consisted of encounter data from all RBHAs for July 1, 2002, through December 31, 2002. Given significant population growth in the Arizona Medicaid program, and continued emphasis on increased access to providers, this current timeframe and its fully credible aggregate membership was determined to be the most appropriate. In addition, financial reports spanning the same time period were used to supplement the encounter data. The base data provided by DBHS to Mercer includes only state-plan approved services. Mercer used the lower value of the submitted encounters or the submitted financial reports for Base 1HSFY03 total claim costs.

### **Completion Factors**

The base encounter data included encounters received through March 31, 2003, with incurred dates from July 1, 2002, through December 31, 2002. Completion factors to account for unpaid claims liability, and thus estimate ultimate incurred liability, were developed separately for each RBHA, and were applied by month. In instances where the lower submitted financial report figures were used, the ultimate incurred liability was already derived. Completion factors were derived separately for behavioral health benefits and prescription drugs.

### **Behavioral Health Penetration**

A significant increase in penetration in the behavioral health program has been observed. A greater proportion of the eligible population is accessing the behavioral health system. This increase has contributed to the projected increase in utilization reflected in overall claim cost trend (discussed below).

### **Trend**

Trend is an estimate of the change in the cost of providing a specific set of benefits over time, resulting from both unit cost (price) and utilization changes. Trend factors are used to estimate the cost of providing services in some future year (contract year) based on the cost incurred in a prior (base) period.



In order to determine actuarially sound capitation rates, Mercer projected the base data forward to reflect combined utilization and unit cost trend by population, major COS and RBHA. These trends were then weighted together based on the proportion of dollars in each COS. Mercer calculated trends from the historical encounter data. The historical data that was used as a basis for trend development did not appropriately reflect the costs related to more recent program changes and add-ons, which made it necessary for Mercer to include separate adjustments in the rate development process to account for such changes and add-ons (these adjustments are discussed in later sections of this report). Mercer also utilized its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs. RBHA submitted financial data trends were also reviewed. Although the trends were developed using several years of historical data, the trends factors were applied only to the 1HSFY03 base data, bringing it forward 15 months to SFY04.

### ***Program Changes***

DBHS and Mercer reviewed the program changes that will have a material effect upon the cost, utilization, or demographic structure of the program during the contract period SFY04, whose effect was not included within the base data. Mercer reviewed the following information:

- programmatic changes affecting covered services and eligibility; and
- programmatic changes affecting provider reimbursement rates.

### **Proposition 204**

Proposition 204 changed the DBHS eligibility criteria, allowing individuals and families with larger incomes to enroll. There were various stages of eligibility requirements implemented from April 2001 through October 2001. In Mercer's opinion, the base data provides an accurate representation of the impact on costs for Proposition 204 members and Mercer has therefore not made any special adjustment.

### **Therapeutic Foster Care**

There are an estimated 242 new children in therapeutic foster care that are currently covered by the DES. Of these 242 children, 238 are estimated eligible to shift in claim cost responsibility to DBHS. Mercer has assumed that 85 percent of these eligible children will phase into DBHS during SFY04 starting in August 2003.

### **DES Kids in Counseling**

There are approximately 282 children currently receiving counseling through DES that will transition to DBHS. For SFY04 rate development, Mercer has assumed that 85 percent of these eligible children will actually transition. The children are assumed to phase into DBHS over a 3 month period beginning August 2003.

### **DES Kids in Level 1 & 2 Out of Home Care**

There are currently several DES children who are eligible for Title XIX services that are being covered by the DES. These children's services are paid for using other funds rather than Title XIX funds. Most of these children are located in inpatient facilities. The State of Arizona has determined that these children are eligible to access the services of the behavioral health system. As a result, DES began transitioning these children into the RBHA system for covered behavioral health

services beginning in July 2002. It is estimated that most of these DES kids had been transitioned into the RBHA system by December 2002. However, only a portion of the claims costs associated with these transitioned children are reflected in the base claims data. As a result, an adjustment is needed to reflect their ongoing costs in SFY04.

### **Converted SMI Users**

Under the current law and agreements with the plaintiffs in the lawsuit, **Arnold v. ADHS**, Non-Title XIX SMI clients are entitled to the same services as the Title XIX SMI clients. DBHS has converted a significant number of these Non-Title XIX clients to Title XIX eligibility. In 2002, the Arizona Legislature eliminated laws previously exempting the SMI population from being required to comply with all Title XIX eligibility requirements. This action will provide the incentive for those clients seeking to continue to receive the full array of Title XIX services to convert to the Title XIX program.

DBHS estimates that there are approximately 375 Non-Title XIX SMI users that will convert to the Title XIX program in SFY04. The converted users were allocated among the RBHAs based upon the current SMI membership distribution. Estimated PMPM costs were developed.

### **IEP Placements (SEH Adjustment)**

DBHS contracts with RBHAs to provide services to children that are identified as Severely Emotionally Handicapped (SEH). The RBHAs that provide these services have historically been reimbursed by DBHS with state-only funds.

DBHS determined that a significant number of these SEH children are Title XIX eligible and estimates that approximately one-half of the SEH children currently receiving services are eligible for Title XIX. DBHS began identifying these children as Title XIX eligible beginning in July 2002. It is estimated that most of these children were transitioned October through December, following the start of the school year in late August. Only a portion of the claims costs associated with these transitioned children are reflected in the base claims data.

### **Health Plan Referral Adjustment**

During SFY03, a Title XIX acute care health plan instituted changes in prescription benefit coverage, which is anticipated to impact the DBHS program. The health plan eliminated coverage of certain behavioral health prescription drugs from their formularies. These particular drugs are most often prescribed by primary care physicians, eliminating the need for affected individuals to utilize the RBHA system to receive these drugs. Mercer anticipates that other Title XIX acute care health plans will implement similar changes in their prescription benefit coverage for SFY04.

### **Add-On Rates for HSRI**

The ADHS commissioned a study by an outside consulting firm to estimate the appropriate level of care required for the SMI population, as required by the exit stipulation of the **Arnold v. ADHS** class action lawsuit. The study presents a care model that is designed to give SMI clients various levels of service depending upon each person's need. The model was developed with the intent that many clients could become independent and productive members of society with the proper intensity of services for a limited time. Other clients may need care for an indefinite period and some may need intensive services throughout their life.

DBHS is required to implement the model in the Human Services Research Institute (HSRI) study in an incremental manner to allow state and federal agencies to increase the funding gradually and give the system time to build capacity. The first increment, in SFY02, was approximately \$12.2 million, which was used to provide additional services. An incremental amount was then added to the SFY03 capitation rates. Additional funding is required to continue to achieve the requirements contained in the Leff Report.

### ***Administration/Underwriting Profit/Risk/Contingency***

The actuarially sound capitation rates developed include provisions for RBHA administration. Mercer used its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs in determining appropriate loads for administration and underwriting profit/risk/contingency. Mercer reviewed current RBHA financial reports. Increased operational efficiencies are expected. The component for administration and underwriting profit/risk/contingency is calculated as a percentage of the final capitation rate.

### ***Budget Neutral Relational Modeling***

While in aggregate the population and claims data was fully credible in the base period, there were regional distortions which required smoothing. Mercer applied budget neutral relational modeling to account for these variances. No dollars were gained or lost through this process.

### ***Risk Corridors***

DBHS has in place a risk corridor arrangement with the RBHAs that provides motivation for the RBHAs to appropriately manage expenses, yet provides financial protection against unmanageable losses. The risk corridor provides impetus for the RBHAs to operate efficiently and generate net income, but also provides for the return of any excessive profit to the State.

The proposed SFY04 DBHS risk corridor approach provides for gain/loss risk sharing symmetry around the service revenue portion of the capitation rates. This risk corridor model is designed to be cost neutral, with no net aggregate assumed impact across all payments. In Mercer's professional opinion, this risk corridor methodology is actuarially sound.

### ***Certification of Final Rates***

Mercer certifies that the SFY04 capitation rates were developed in accordance with generally accepted actuarial practices and principles by actuaries meeting the qualification standards of the American Academy of Actuaries for the populations and services covered under the managed care contract. Rates developed by Mercer are actuarial projections of future contingent events. Actual RBHA costs will differ from these projections. Mercer has developed these rates on behalf of DBHS to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable law and regulations. These rates may not be suitable for other purposes.

## ***Behavioral Health Services State Fiscal Year 2004 Capitation Rates for the Title XXI and HIFA II Programs***

### ***Introduction/Background***

The ADHS, DBHS contracted with Mercer to develop actuarially sound capitation rates for each of its RBHAs for SFY04. Rates were developed for the Title XXI and HIFA II programs.

The SCHIP, titled "KidsCare" and also known as Title XXI, provides health insurance to uninsured children under 19 years of age whose families gross income is at or below 200 percent of the federal poverty level. The KidsCare benefit package is identical to what is offered to State Employees.

Actuarially sound capitation rates were developed for each of the following populations, Title XXI Children, Title XXI SMI, HIFA II SMI, and HIFA II GMH/SA.

### ***Base Costs***

Mercer has developed capitation rates for the Title XXI and HIFA II populations for SFY04. Because the membership in these populations is quite low, encounter data from their claims is not sufficient. Based upon review of historical financial statements, Title XXI individuals' claim costs generally represent about 40–45 percent of Title XIX claim costs. Based on this observation, DBHS and Mercer agreed to use the Title XIX relationally modeled claim cost PMPM values as the base data for the Title XXI rates.

From these base PMPMs, Mercer applied an acuity adjustment factor to the PMPMs to derive the Title XXI capitation rates. The acuity adjustment factors were 0.45 for Children and 0.40 for the SMI population.

Similar to the Title XXI rates, Mercer used the Title XIX relationally modeled claim cost PMPMs as the base PMPM for the HIFA II capitation rates. From there, an acuity adjustment factor of 0.40 was applied to both the SMI and GMH/SA populations.

### ***Administration/Underwriting Profit/Risk/Contingency***

The actuarially sound capitation rates developed include provisions for RBHA administration. Mercer used its professional experience in working with numerous state Medicaid behavioral health and substance abuse programs in determining appropriate loads for administration and underwriting profit/risk/contingency. Mercer also reviewed current RBHA financial reports. Increased operational efficiencies are expected. The component for administration and underwriting profit/risk/contingency is calculated as a percentage of the final capitation rate.

### ***Risk Corridors***

DBHS has in place a risk corridor arrangement with the RBHAs that provides motivation for the RBHAs to appropriately manage expenses, yet provides financial protection against unmanageable losses. The risk corridor provides impetus for the RBHAs to operate efficiently and generate net income, but also provides for the return of any excessive profit to the State.

The proposed SFY04 DBHS risk corridor approach provides for gain/loss risk sharing symmetry around the service revenue portion of the capitation rates. This risk corridor model is designed to be

cost neutral, with no net aggregate assumed impact across all payments. In Mercer's professional opinion, this risk corridor methodology is actuarially sound.

### ***Certification of Final Rates***

Mercer certifies that the SFY04 capitation rates were developed in accordance with generally accepted actuarial practices and principles by actuaries meeting the qualification standards of the American Academy of Actuaries for the populations and services covered under the managed care contract. Rates developed by Mercer are actuarial projections of future contingent events. Actual RBHA costs will differ from these projections. Mercer has developed these rates on behalf of DBHS to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable law and regulations. These rates may not be suitable for other purposes.

## **SFY03 Rate Setting Methodology**

### ***1. Methodology***

The preferred actuarial approach to developing capitation rate estimates for a given time period consists of the following steps:

- Gather actual claims data for a specified time period.
- Complete the actual claims data by estimating the claims incurred in the given time period that are not yet reported or processed.
- Review the actual claims to be sure they reflect best practices for behavioral health.
- Divide the completed best practice claims by the eligible member months for the time period to determine a claim capitation rate PMPM.
- Project the adjusted PMPM to the desired rating period, recognizing any expected changes in utilization or provider reimbursement levels.
- Adjust the PMPM for any benefit or eligibility changes that would have a material impact on the rates.
- Add an appropriate amount to the PMPM for administrative and other non-claim expense items.

This is the approach Mercer generally used in this renewal capitation rate estimation process.

### ***2. Base Claims Data***

In this analysis, “claims data” includes encounter data, where appropriate. The quality of the capitation rate estimates is highly dependent on the quality of the base claim data and encounter data. In Mercer’s role as a consultant to DBHS, we must rely on DBHS to provide accurate and timely base data. This data is submitted as encounters by the RBHAs in accordance with their contracts.

The data on which we are relying are claims and encounters with service dates between July 1, 2000, and June 30, 2001, that were submitted to ADHS/DBHS and successfully adjudicated as of February 28, 2002. The report provides Title XIX claims and encounters by date of service, by RBHA, by program type and by service category. Mercer did not independently audit the data. Claims and encounters for the Developmentally Disabled (DD) category are not included in these calculations and estimates.

We did perform reasonability checks on the historical data and found it to be consistent. Several adjustments are made to the base claim and encounter data. These adjustments are described below.

#### **Maricopa County Non-Drug SMI Claims**

The non-drug claims for Maricopa County SMI population for July and August 2000 were adjusted to reflect a change in the provider contracting. The cost per member was significantly reduced beginning in September 2000 as a result of the change. For the capitation rate development we adjusted the base to reflect the provider contracting that is expected during the rating period. The claims were adjusted so that the PMPM cost for July and August 2000 is equal to the average PMPM cost for September 2000 to June 2001.

### ***3. Provision for Outstanding Claims***

We have examined the non-drug claim and encounter lag tables for each RBHA. It appears that more claims and encounters can be expected to be processed and submitted in subsequent months. Factors were derived from each RBHA's historical claim patterns.

After a close examination of the prescription drug claims and encounter lag tables, we believe, in all likelihood, all drug claims have been processed and submitted for all RBHAs.

### ***4. Claims Not Included in the Encounter System***

A full explanation of these claims can be found below.

There are two valid Title XIX types of claims that are not found in the DBHS encounter system. These claims need to be added to the incurred encounter claims for the base period in order to fully account for the services for which the RBHAs are liable.

#### **Case Management Claims**

From February 1, 2000 through October 1, 2001, the RBHAs were not required to submit case management claims into the encounter system. These claims were obtained from the financial statements of each RBHA for SFY01. This period is consistent with the period of the base data.

#### **Retro Claims**

DBHS has recently identified a significant number of claims that were classified as Non-Title XIX/XXI claims which are actually valid Title XIX claims. DBHS refers to these claims as "retro claims". In the submission process there are four criteria a claim must pass in order to be coded as a Title XIX claim. They are the member's name, the member's date of birth, the member's social security number and the DBHS enrollment number. The "retro claims" match three of the four criteria and therefore DBHS believes these claims should be classified as Title XIX claims. DBHS is in the process of submitting a request for reimbursement for these claims.

Since these claims will more than likely be classified as Title XIX claims, they need to be reflected in the base data to account for all Title XIX services provided by the RBHAs. It is our understanding that DBHS and AHCCCS are working together to correct the process so that these types of claims will be classified correctly in the future.

The retro claims provided to Mercer were by RBHA and age of the client. Therefore, we were able to separate the claims by children and adult categories. We allocated the adult claims into the SMI and GMH/SA programs using the distribution of the base encounter claims.

## ***5. Service Counts***

We have posted the service counts underlying the base period incurred claims and encounters, the case management claims and the retro claims for the base period. We adjusted them with factors to the ultimate incurred level.

## ***6. Eligibility Data***

The Title XIX eligible members counted month by month and accumulated for the 12-month base period (member months) were recorded. The count is eligible child member months for the Children's category and eligible adult member months for the SMI and GMH/SA categories. These counts were provided by DBHS and AHCCCS. We relied on them as being accurate counts for the base period.

## ***7. User Data***

The number of eligible members who used one or more services in a month, accumulated for the 12-month experience period was determined. The user count definition has changed from our previous (SFY02) report. User counts in our previous report were generated by DBHS and reflected enrolled member months. An "enrolled member" is a client who has received at least 1 service in the last 12 months. In this year's report a user is defined as a client receiving at least one service in a month. One set of user counts reflect only those clients who used non-drug services and may or may not have used drug services. The other set of user counts reflect clients using prescription drugs who may or may not have used non-drug services. The non-drug users and prescription drug user counts are not mutually exclusive and therefore are not additive.

## ***8. Generated Cost and Utilization Data***

Mercer determined the average cost per service, average number of services per 1,000 members per year, average number of services per user per month, the proportion of eligible data members who are users, and the PMPMs that are generated from the previous data items.

## ***9. Projection Factors***

Projection factors are introduced and compounded appropriately for the period of the projection. Corresponding projection factors for prescription drugs were determined and applied. These factors are used to project the base claims and encounter costs PMPM to the expected levels for the period of the desired rates. Their development is fully explained below.

Trend analysis should consider expected changes in the mix of services, changes in utilization patterns, changes in the number of eligible members utilizing services, introduction of new technology and treatment patterns and changes in the unit costs of the services provided. Projections of historical claim and encounter costs PMPM account for normal changes in utilization, mix of services, and costs of the underlying services provided to the eligible population.

In this analysis historical claim and encounter cost PMPMs are used to determine the best estimate for projection factors. DBHS provided Mercer with historical monthly encounter costs as well as monthly enrollment counts for the time period July 1, 1998, through June 30, 2001. We developed monthly encounter cost PMPMs as well as twelve-month moving averages.



Trends were analyzed for Children, SMI, GMH/SA, each by non-drug and prescription drugs, for Maricopa County.

### ***10. Other Adjustments***

A series of other adjustments were developed and are fully described below.

#### **Adjustment for Updated DBHS Fee Schedule**

DBHS implemented a fee schedule increase for special use codes effective July 1, 2001. Prior to that increase these codes have not been updated therefore normal unit cost increases for these fees would not be reflected in the trend analysis and a separate adjustment is required. This increase took effect after our base period and would not be reflected in the base data. Therefore the fee schedule increase will need to be reflected in our rate calculation as a separate adjustment.

DBHS contracted with a consultant to update those special use codes. We have tested their impact on the overall claim and encounter liability by comparing claim dollars developed from the encounter value and claim dollars developed from the new fee schedule using a common set of services, and services rendered in the year July 1, 2000, through June 30, 2001, that were processed through February 28, 2002. We combined the services for all RBHAs, but separated the analysis by the categories Children, SMI, and GMH/SA because of the different mix of services in each category.

In our analysis, we accounted for this fee schedule increase separately, since it would not be included in our selected trend. Using the Fiscal Year Ending June 30, 2001, distribution of services from all RBHAs, we measured the increase by holding the non-special fees constant, and varying only the special use fees to determine the overall impact.

#### **Adjustment for Proposition 204 Members**

Proposition 204 changed the eligibility criteria, allowing individuals and families with larger incomes to enroll. There were various stages of eligibility requirements from April 2001 through October 2001. The base period used in the rate development contains a portion of the Proposition 204 members. However, a much larger amount of adult members entered the Title XIX program during SFY02.

The number of Proposition 204 members in the Children category is not significant. We have analyzed the information and find that an adjustment to the Children's base rate is not warranted. We analyzed the experience for the adult population from July 2001 through December 2001 to determine if the Proposition 204 members exhibit the same level of utilization and cost of services that the original Title XIX members exhibit. The preliminary analysis indicated that the cost, on a PMPM basis, for the Proposition 204 members appears lower than the cost for the original Title XIX members.

#### **Adjustment for Kids Care Parents**

The State of Arizona has been granted a waiver from CMS to provide coverage to parents of the children in the Title XXI program. This program will become effective October 2002.

The new KidsCare Parents members will not impact the Title XIX Children program therefore no adjustments are needed in that capitation rate development. These new members however may impact the adult programs. We have assumed that relatively few, if any, of these new members will be SMI clients. Therefore we have applied an adjustment factor to the SMI base rates to reflect this assumption.

Based on information provided by DBHS, we have assumed there will be approximately 20,000 new members by the end of SFY03. In the calculation of this benefit, we did assume members would enroll gradually from October 2002 to June 2003. Our assumed average number of members during this period is about 17,000, which are approximately 5 percent of our projected population during the same period. We have assumed these new members will not incur any SMI costs.

We assumed the KidsCare Parents members would exhibit the same characteristics of the current GMH/SA population. Therefore no adjustment factor was applied in the capitation rate development for the GMH/SA program.

#### **Adjustment for Children's Medical and Dental Program (CMDP)**

Currently there are several CMDP children, who are eligible for Title XIX services that are being covered by the DES. These children's services are paid for using state funds rather than the Title XIX funds. Most of these children are located in state inpatient facilities. The State of Arizona has determined that these children should access the services of the RBHA rather than using state resources.

DBHS has provided information regarding the number of CMDP children in inpatient facilities by type of facility for January 2002. We used this information to estimate the impact on the rates of transferring the costs of these children to the RBHAs. In our analysis we have assumed children would utilize the inpatient services 85 percent of the year.

#### **Adjustment for Conversion of Non-Title XIX SMI Enrollees**

Under the current law and agreements with the plaintiffs in the lawsuit, **Arnold v. ADHS**, Non-Title XIX SMI clients are entitled to the same services as the Title XIX SMI clients. DBHS has identified a significant number of these Non-Title XIX clients that would be eligible for the Title XIX program but have refused to apply. The ADHS and the plaintiffs have agreed that in the future if a Non-Title XIX SMI client refuses to apply to the Title XIX program, the state can deny Non-Title XIX services. This will help provide the incentive for those clients to convert to the Title XIX program.

DBHS has also determined there are many Non-Title XIX SMI users whose income is just above the Federal Poverty Levels (FPL) for Title XIX services. Given the new FPL issued by the Federal government, many of these clients will now be eligible for Title XIX services.

### **Development of SEH Adjustment**

DBHS currently pays for the services provided to SEH children. The RBHAs that provide these services charge the cost to DBHS, who reimburses the RBHAs using state-only funds. Therefore, the costs are not included in the Title XIX costs.

After June 30, 2002, the state will no longer reimburse DBHS for these claims using state-only funds. Therefore, the costs for the services that are provided for SEH children that are eligible for Title XIX need to be included in the RBHA capitation rates.

DBHS estimates that approximately one-half of the SEH children currently receiving services are eligible for Title XIX. The annual cost of the program for 2001 was \$4.7 million. DBHS estimates that the additional cost to the RBHAs during fiscal year 2003 will be \$2.1 million.

### ***11. Projected Adjusted PMPM***

Mercer derived the expected PMPMs for the period of the rates after all projections and adjustments are applied.

### ***12. Administrative Load***

The loading for administrative expenses and risk contingency was included. After it is applied, the resulting indicated rates for non-drug benefits are completed.

### ***13. Indicated Rate***

After adding the indicated drug rates the total indicated rates for all benefits including drugs was determined.

### ***14. Recommended Rates***

The next step in our analysis is to review the resulting rates for reasonableness. Adjustments were made if external circumstances warranted the change.

### ***15. HSRI Study Add-on Rates***

The base claims do not take into account the HSRI report that was prepared in accordance with the exit stipulation agreed upon by ADHS. A full explanation of the add-on rates follows.

### **Development of Add-On Rates for HSRI Report**

#### ***Background***

The ADHS commissioned a study by an outside consulting firm to objectively estimate the appropriate level of care required for the SMI population as required by the exit stipulation of the **Arnold v ADHS** class action lawsuit. The HSRI conducted the study in Maricopa County.

The study presents a care model that is designed to give SMI clients various levels of service depending upon each person's need. The model was developed with the intent that many clients could become independent and productive members of society with the proper intensity of services

for a limited time. Other clients may need care for an indefinite period and some may need intensive services throughout their life.

An incremental amount was added to the SFY02 capitation rates. The incremental increase was intended to allow the RBHAs time to build capacity for these services. It was intended to add approximately \$12.2 million into the system. However with the large increase in membership due to the Proposition 204 members, a larger dollar amount was added into the system than intended. It appears that the HSRI add-on added approximately \$22.4 million into the system.

#### *Incremental Cost for SFY03*

DBHS has elected to implement a smaller increment in the SFY03 rate development. DBHS determined the increment should be \$13.1 million. The allocation among the RBHAs uses the same distribution as the current HSRI add-on.

### ***16. Summary***

We believe the rate estimates have been calculated using generally accepted actuarial methodology and applied consistently. In our opinion, the rates are reasonable in relation to the benefits. They should produce revenue which is neither excessive, deficient, nor unfairly discriminatory. Because they are estimates, actual results will differ. We have relied on the data that was supplied to us without performing an independent audit; however, we reviewed the data for general reasonableness.

## Summary of Revenues and Expenses

This section includes audited behavioral health revenue and expenses by program for Maricopa County. The information was taken from the audited financial statements submitted by the RBHA for SFY00 through SFY02. The first six months of SFY03 data is from the unaudited financial statements.

### SFY00

Category of Service	Title XIX Child	Non-Title XIX Child	Title XXI Child	Title XIX SMI	Non-Title XIX SMI	Title XXI SMI	Title XIX GMH/SA	Non-Title XIX GMH	Other	Mgt & Gen	Total
TOTAL REVENUE	35,995,758	9,825,156	683,050	41,004,554	64,948,502	77,654	8,975,488	4,849,483	31,810,267	2,891,874	201,061,786
Service Expense	19,440,015	5,137,828	610,706	47,595,083	70,397,012	37,143	8,389,320	8,707,779	17,195,103	-	177,509,989
Other and Unrelated Business	-	-	-	-	-	-	-	-	-	2,739,213	2,739,213
Admin Expense	2,852,381	833,364	45,471	3,728,838	5,269,362	9,348	871,591	511,059	2,597,270	66,275	16,784,959
TOTAL EXPENSES	22,292,396	5,971,192	656,177	51,323,921	75,666,374	46,491	9,260,911	9,218,838	19,792,373	2,805,488	197,034,161

### SFY01

Category of Service	Title XIX Child	Non-Title XIX Child	Title XXI Child	Title XIX SMI	Non-Title XIX SMI	Title XXI SMI	Title XIX GMH/SA	Non-Title XIX GMH	Other	Mgt & Gen	Total
TOTAL REVENUE	41,603,991	10,351,989	2,696,987	50,517,389	69,597,738	30,501	11,316,747	4,869,951	32,925,786	3,803,818	227,714,897
Service Expense	29,281,353	6,986,018	2,337,914	42,011,547	64,058,470	51,800	14,783,140	7,737,438	21,696,468	-	188,944,148
Other and Unrelated Business	-	-	-	-	-	-	-	-	-	9,122,182	9,122,182
Admin Expense	3,373,885	841,952	209,967	4,086,665	5,649,119	2,316	916,242	393,474	2,777,934	159,050	18,410,604
TOTAL EXPENSES	32,655,238	7,827,970	2,547,881	46,098,212	69,707,589	54,116	15,699,382	8,130,912	24,474,402	9,281,232	216,476,934

**SFY02**

Category of Service	Title XIX Child	Non-Title XIX Child	Title XXI Child	Title XIX SMI	Non-Title XIX SMI	Title XXI SMI	Title XIX GMH/SA	Non-Title XIX GMH	Other	Mgt & Gen	Total
TOTAL REVENUE	50,968,439	9,860,363	2,790,401	115,010,544	69,638,996	29,090	26,855,981	3,422,635	41,234,954	1,337,189	321,148,592
Service Expense	43,339,483	8,096,309	2,360,547	84,330,414	59,217,068	24,301	35,130,218	5,408,168	29,911,779	-	267,818,287
Other and Unrelated Business	-	-	-	-	1,068,499	-	-	-	880,980	197,836	2,147,315
Admin Expense	5,356,467	1,154,771	297,039	17,474,796	6,845,473	3,225	(2,049,957)	(625,413)	5,859,727	452,386	34,768,514
TOTAL EXPENSES	48,695,950	9,251,080	2,657,586	101,805,210	67,131,040	27,526	33,080,261	4,782,755	36,652,486	650,222	304,734,116

**SFY03\***

Category of Service	Title XIX Child	Non-Title XIX Child	Title XXI Child	Title XIX SMI	Non-Title XIX SMI	Title XXI SMI	Title XIX GMH/SA	Non-Title XIX GMH	Other	Mgt & Gen	Total
TOTAL REVENUE	28,219,801	4,055,419	1,152,422	71,906,529	37,256,352	111,605	18,010,701	1,101,252	25,465,477	269,690	187,549,248
Service Expense	23,212,069	3,976,201	1,397,289	56,220,111	33,488,953	(1,554)	20,561,779	2,848,151	17,535,990	-	159,238,989
Other and Unrelated Business	-	-	-	-	-	-	-	-	860,631	104,174	964,805
Admin Expense	3,500,425	202,870	(65,657)	10,269,939	3,270,844	57,167	(432,852)	(764,956)	4,284,544	76,825	20,399,149
TOTAL EXPENSES	26,712,494	4,179,071	1,331,632	66,490,050	36,759,797	55,613	20,128,927	2,083,195	22,681,165	180,999	180,602,943

\* Represents the first six months of SFY03.

## Diagnosis Prevalence

### Title XIX/XXI Children

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	7,460	
314.01	Attention Deficit/Hyperactivity Disorder, Combined Type	1,062	65
309.9	Adjustment Disorder	250	27
309.4	Adjustment Disorder	242	28
313.81	Oppositional Defiant Disorder	225	41
312.9	Disruptive Behavior	179	32
296.90	Mood Disorder NOS	153	39
309.28	Adjustment Disorder	153	19
314.00	Attention Deficit Disorder	139	29
V61.20	Parent-Child Relational Problem	128	23
309.0	Adjustment Disorder	113	15
309.81	Anxiety Disorders	112	31
314.9	Attention Deficit Disorder	91	21
309.24	Adjustment Disorder	88	10
309.3	Adjustment Disorder	86	14

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type	3,571
314.01	Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulse Type	3,301
V71.09	No Diagnosis or Condition on Axis I	3,091
309.9	Adjustment Disorder	781
313.81	Oppositional Defiant Disorder	641
799.9	Diagnosis Deferred on Axis II	611
799.9	Diagnosis or Condition Deferred on Axis I	561
309.4	Adjustment Disorder	491
312.9	Disruptive Behavior	481
311.	Other Mood Disorders	431
300.9	Mental Disorder Unspecified	391
V61.20	Parent-Child Relational Problem	391
314.00	Attention Deficit/Disorder	371
309.81	Anxiety Disorders	341

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
300.4	Other Mood Disorders	69	19
296.80	Bipolar Disorder NOS	55	18
300.00	Anxiety Disorder NOS	51	18
299.00	Pervasive Developmental Disorder	50	8
995.52	Abuse Neglect	47	13
995.53	Abuse Neglect	47	15

Diagnosis from Encounters		
Code	Description	Client Count
309.28	Adjustment Disorder	28
314.9	Attention Deficit/Disorder	27
296.90	Mood Disorder NOS	23
309.0	Adjustment Disorder	23
300.4	Other Mood Disorders	20
309.3	Adjustment Disorder	17



## Non-Title XIX/XXI Children

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	2,710	
314.01	Attention Deficit/Hyperactivity Disorder, Combined Type	232	43
309.4	Adjustment Disorder	75	10
309.9	Adjustment Disorder	73	12
313.81	Oppositional Defiant Disorder	61	15
312.9	Disruptive Behavior	49	15
309.0	Adjustment Disorder	42	8
V61.20	Parent-Child Relational Problem	40	11
314.9	Attention Deficit Disorder	39	11
296.90	Mood Disorder NOS	38	12
V62.81	Neglect of Child	36	6
309.28	Adjustment Disorder	34	5
314.00	Attention Deficit Disorder	34	15
309.3	Adjustment Disorder	27	6
300.4	Other Mood Disorders	25	14
304.30	Cannabis Dependence	25	8
309.81	Anxiety Disorders	18	10

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type	96
314.01	Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulse Type	96
V71.09	No Diagnosis or Condition on Axis I	90
309.9	Adjustment Disorder	33
313.81	Oppositional Defiant Disorder	23
300.9	Mental Disorder Unspecified	22
309.4	Adjustment Disorder	20
312.9	Disruptive Behavior	18
V61.20	Parent-Child Relational Problem	17
311.	Other Mood Disorders	16
314.00	Attention Deficit/Disorder	14
309.0	Adjustment Disorder	14
799.9	Diagnosis Deferred on Axis II	11
799.9	Diagnosis or Condition Deferred on Axis I	11
309.28	Adjustment Disorder	10
296.90	Mood Disorder NOS	10

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
309.24	Adjustment Disorder	17	7
300.00	Anxiety Disorder NOS	16	5
312.81	Conduct Disorder, Childhood Onset Type	16	2
305.20	Abuse/Dependence/Withdrawal	15	2

Diagnosis from Encounters		
Code	Description	Client Count
314.9	Attention Deficit/Disorder	9
309.81	Anxiety Disorders	8
300.4	Other Mood Disorders	7
309.3	Adjustment Disorder	7

## Title XIX Adults — SMI

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	1,572	
295.70	Schizophrenia	864	14
295.30	Schizophrenia	474	10
298.9	Psychotic Disorder NOS	332	21
296.90	Mood Disorder NOS	219	8
296.30	Major Depression Disorder, Recurrent, Unspecified	200	13
296.80	Bipolar Disorder NOS	183	13
296.34	Major Depression Disorder, Recurrent, Severe with Psychotic Features	177	7
295.90	Schizophrenia, Undifferentiated Type	171	7
296.32	Major Depression	159	9
296.33	Major Depression	123	11
300.4	Other Mood Disorders	120	5
296.89	Other Mood Disorders	116	4
296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified	93	5
296.64	Bipolar I Disorder	85	5
309.81	Anxiety Disorders	80	4
296.44	Bipolar I Disorder	69	5

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
799.9	Diagnosis Deferred on Axis II	2,651
799.9	Diagnosis or Condition Deferred on Axis I	2,651
300.9	Mental Disorder Unspecified	1,341
V71.09	No Diagnosis or Condition on Axis I	1,031
V71.01	Adult Antisocial Behavior	531
295.70	Schizophrenia	441
311.	Other Mood Disorders	391
298.9	Psychotic Disorder NOS	321
295.30	Schizophrenia	191
296.90	Mood Disorder NOS	161
295.90	Schizophrenia, Undifferentiated Type	151
300.4	Other Mood Disorders	141
309.81	Anxiety Disorders	121
296.89	Other Mood Disorders	111
296.80	Bipolar Disorder NOS	111
296.34	Major depression recurrent-severe w/psychotic features	101

### Diagnosis from Assessments

Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified	69	2
296.54	Bipolar I Disorder	57	3
296.7	Bipolar I Disorder	53	1
296.52	Bipolar I Disorder	52	3

### Diagnosis from Encounters

Code	Description	Client Count
304.80	Polysubstance Dependence	96
296.64	Bipolar I Disorder	83
296.32	Major Depression	83
296.30	Major Depression Disorder, Recurrent, Unspecified	71

## Title XIX Adults — GMH/SA

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	14,681	
304.00	Abuse/Dependence/Withdrawal	320	25
304.40	Amphetamine Dependence	303	36
303.90	Alcohol Dependence	276	36
304.80	Polysubstance Dependence	268	40
296.32	Major Depression	267	45
296.90	Mood Disorder NOS	176	37
300.4	Other Mood Disorders	155	35
304.20	Abuse/Dependence/Withdrawal	131	17
309.28	Adjustment Disorder	124	20
305.00	Alcohol Abuse/Dependence	113	27
296.80	Bipolar Disorder NOS	106	29
300.00	Anxiety Disorder NOS	104	27
305.70	Amphetamine Abuse	100	27
309.81	Anxiety Disorders	93	28
298.9	Psychotic Disorder NOS	91	26
300.02	Anxiety Disorders	90	24

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
V71.09	No Diagnosis or Condition on Axis I	6,749
799.9	Diagnosis Deferred on Axis II	1,557
799.9	Diagnosis or Condition Deferred on Axis I	1,557
311.	Other Mood Disorders	1,051
300.9	Mental Disorder Unspecified	940
304.00	Abuse/Dependence/Withdrawal	829
303.90	Alcohol Dependence	557
304.80	Polysubstance Dependence	529
304.40	Amphetamine Dependence	517
296.32	Major Depression	509
V71.01	Adult Antisocial Behavior	351
305.00	Alcohol Abuse/Dependence	347
309.28	Adjustment Disorder	339
300.4	Other Mood Disorders	339
296.90	Mood Disorder NOS	309
305.70	Amphetamine Abuse	289

### Diagnosis from Assessments

Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
296.33	Major Depression	83	24
304.30	Cannabis Dependence	68	12
296.30	Major Depression Disorder, Recurrent, Unspecified	66	17
296.34	Major Depression Disorder, Recurrent, Severe with Psychotic Features	65	26

### Diagnosis from Encounters

Code	Description	Client Count
304.20	Abuse/Dependence/Withdrawal	25
309.81	Anxiety Disorders	24
300.02	Anxiety Disorders	24
300.00	Anxiety Disorder NOS	22

## Non-Title XIX/XXI Adults — SMI

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	1,359	
295.70	Schizophrenia	505	8
295.30	Schizophrenia	347	7
298.9	Psychotic Disorder NOS	285	14
296.90	Mood Disorder NOS	177	9
296.30	Major Depression Disorder, Recurrent, Unspecified	145	6
296.80	Bipolar Disorder NOS	134	3
296.32	Major Depression	130	4
296.34	Major Depression Disorder, Recurrent, Severe with Psychotic Features	130	2
296.33	Major Depression	114	5
295.90	Schizophrenia, Undifferentiated Type	90	4
296.44	Bipolar I Disorder	85	4
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified	79	5
296.64	Bipolar I Disorder	78	5
300.4	Other Mood Disorders	74	5
296.89	Other Mood Disorders	68	3

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
799.9	Diagnosis Deferred on Axis II	1,199
799.9	Diagnosis or Condition Deferred on Axis I	1,199
300.9	Mental Disorder Unspecified	957
V71.09	No Diagnosis or Condition on Axis I	689
V71.01	Adult Antisocial Behavior	508
295.70	Schizophrenia	427
298.9	Psychotic Disorder NOS	379
311.	Other Mood Disorders	327
295.30	Schizophrenia	247
296.90	Mood Disorder NOS	159
296.80	Bipolar Disorder NOS	148
296.34	Major depression recurrent-severe w/psychotic features	127
295.90	Schizophrenia, Undifferentiated Type	114
300.4	Other Mood Disorders	114
296.64	Bipolar I Disorder	110

### Diagnosis from Assessments

Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified	63	4
309.81	Anxiety Disorders	58	4
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified	51	1
296.54	Bipolar I Disorder	49	5
296.62	Bipolar I Disorder	49	9

### Diagnosis from Encounters

Code	Description	Client Count
296.89	Other Mood Disorders	110
296.33	Major Depression	100
309.81	Anxiety Disorders	100
296.30	Major Depression Disorder, Recurrent, Unspecified	90
296.32	Major Depression	80



## Non-Title XIX/XXI Adults — GMH/SA

Diagnosis from Assessments			
Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
	No Diagnosis Provided	13,299	
304.40	Amphetamine Dependence	231	24
304.80	Polysubstance Dependence	226	38
305.00	Alcohol Abuse/Dependence	205	26
303.90	Alcohol Dependence	200	27
304.00	Abuse/Dependence/Withdrawal	125	16
296.90	Mood Disorder NOS	97	24
298.9	Psychotic Disorder NOS	97	26
296.32	Major Depression	88	31
305.20	Abuse/Dependence/Withdrawal	87	14
305.70	Amphetamine Abuse	86	18
304.20	Abuse/Dependence/Withdrawal	83	17
304.30	Cannabis Dependence	78	14
296.33	Major Depression	62	25
296.80	Bipolar Disorder NOS	60	18
300.4	Other Mood Disorders	48	17

<sup>1</sup> Primary Diagnosis

<sup>2</sup> Number of clients with a secondary diagnosis, if present

Diagnosis from Encounters		
Code	Description	Client Count
V71.09	No Diagnosis or Condition on Axis I	5,195
300.9	Mental Disorder Unspecified	954
303.90	Alcohol Dependence	714
799.9	Diagnosis Deferred on Axis II	694
799.9	Diagnosis or Condition Deferred on Axis I	694
304.40	Amphetamine Dependence	624
311.	Other Mood Disorders	594
305.00	Alcohol Abuse/Dependence	594
304.80	Polysubstance Dependence	594
304.00	Abuse/Dependence/Withdrawal	554
V71.01	Adult Antisocial Behavior	434
305.70	Amphetamine Abuse	324
305.20	Abuse/Dependence/Withdrawal	264
304.30	Cannabis Dependence	244
304.20	Abuse/Dependence/Withdrawal	224

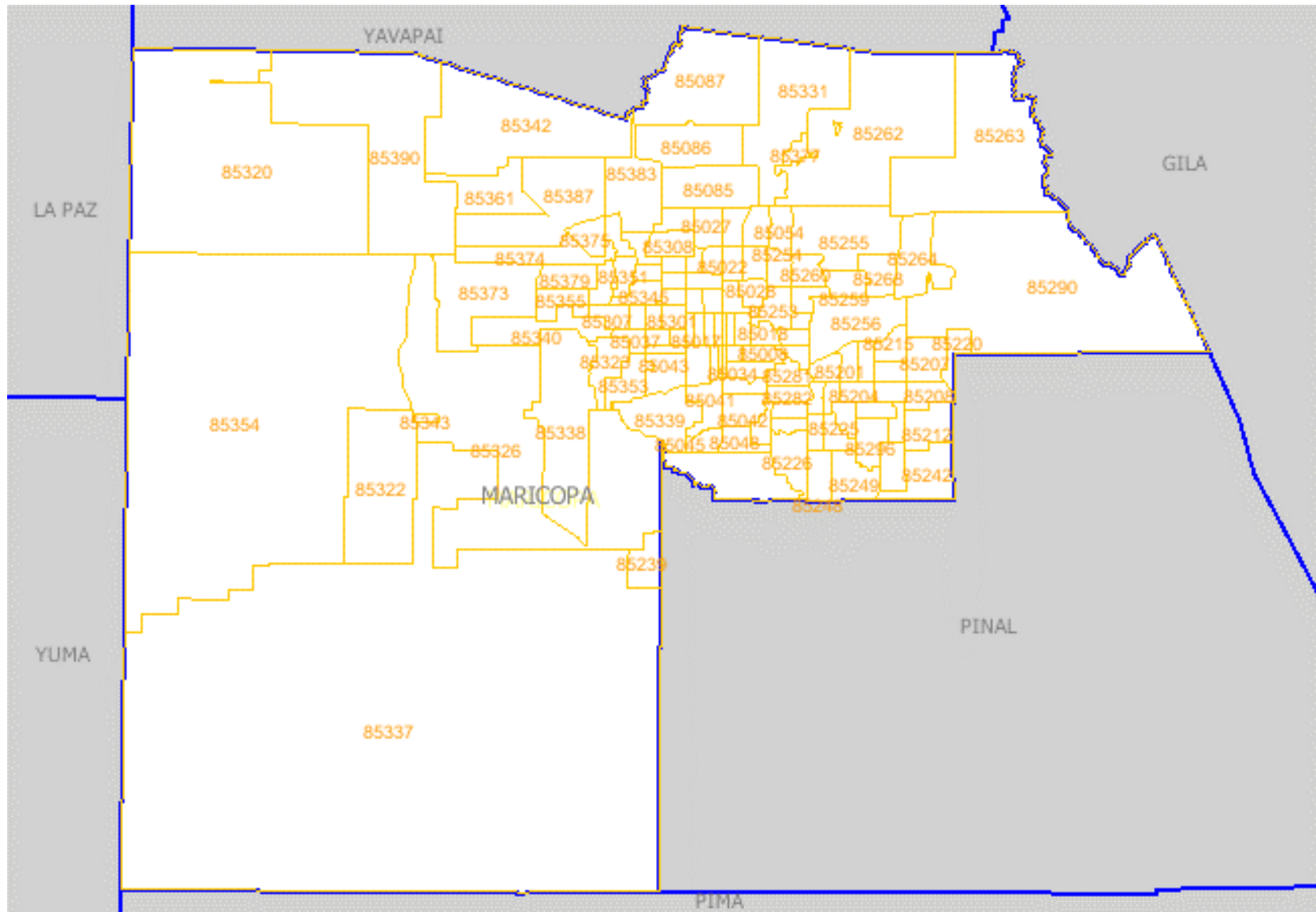
### Diagnosis from Assessments

Code	Description	Client Count <sup>1</sup>	Client Count <sup>2</sup>
304.01	Abuse/Dependence/Withdrawal	45	0
305.60	Cocaine Abuse	40	6
304.03	Abuse/Dependence/Withdrawal	37	0
309.28	Adjustment Disorder	34	13
300.02	Anxiety Disorders	32	9

### Diagnosis from Encounters

Code	Description	Client Count
296.32	Major Depression	196
309.28	Adjustment Disorder	177
298.9	Psychotic Disorder NOS	158
296.90	Mood Disorder NOS	158
305.60	Cocaine Abuse	158

## Zip Code Distribution



Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85001	134	17	44
85002	18	17	31
85003	2,017	203	303
85004	1,099	98	181
85005	66	16	23
85006	8,609	441	510
85007	6,086	347	412
85008	14,367	725	1,498
85009	15,368	553	613
85010	12	9	9
85011	9	5	11
85012	710	83	93
85013	2,996	186	235
85014	5,300	333	462
85015	10,058	506	503
85016	5,504	382	444
85017	10,102	410	387
85018	3,562	263	316
85019	6,573	252	238
85020	4,537	250	302
85021	6,299	376	435
85022	4,975	19	242
85023	4,076	303	267
85024	1,126	86	91
85027	3,842	205	230
85028	794	76	84
85029	7,562	459	369
85030	7	7	9

Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85031	8,367	273	284
85032	7,927	408	383
85033	14,786	524	400
85034	3,264	179	167
85035	13,116	361	329
85036	128	8	13
85037	6,477	149	157
85038	13	12	8
85039	6	6	5
85040	10,013	722	664
85041	10,554	337	338
85043	4,187	86	90
85044	1,263	61	83
85045	66	4	10
85046	8	1	1
85048	660	18	29
85050	931	31	41
85051	8,170	459	447
85053	3,638	96	97
85054	29	1	3
85060	9	2	2
85061	9	5	3
85062	5	0	0
85063	29	6	3
85064	5	3	1
85065	1	0	0
85066	34	11	4
85067	8	0	2

Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85068	13	4	5
85069	21	7	4
85071	5	3	2
85072	3	3	0
85073	1	1	0
85074	9	3	5
85075	4	0	1
85077	3	0	0
85078	3	2	2
85079	7	2	1
85080	15	5	4
85082	5	3	2
85085	190	1	2
85086	563	4	9
85087	322	5	8
85201	10,017	493	582
85202	5,152	225	262
85203	4,733	266	235
85204	10,371	413	645
85205	3,489	182	164
85206	2,007	81	91
85207	3,235	134	118
85208	5,333	163	181
85210	6,830	252	351
85211	52	17	15
85212	1,779	39	24
85213	2,288	139	103
85214	6	5	1

Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85215	608	56	33
85216	12	6	2
85224	3,174	216	227
85225	9,155	197	185
85226	1,395	80	90
85227	61	1	2
85233	1,919	61	61
85234	2,256	108	66
85242	2,326	36	37
85244	48	1	3
85246	9	2	3
85248	1,216	27	38
85249	852	11	17
85250	706	47	61
85251	2,450	158	235
85252	49	32	52
85253	157	12	23
85254	1,250	99	92
85255	289	10	18
85256	1,434	25	24
85257	2,664	168	196
85258	343	19	23
85259	377	17	29
85260	743	39	67
85261	1	1	0
85262	134	2	3
85263	2	0	0
85264	72	3	2

Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85266	2	0	0
85268	561	60	40
85269	10	0	6
85271	18	2	4
85274	3	1	2
85275	10	5	3
85277	3	1	0
85280	8	2	6
85281	5,444	265	313
85282	4,853	298	274
85283	4,790	158	137
85284	264	17	23
85285	16	3	7
85287	4	3	4
85289	1	0	0
85296	1,581	42	35
85299	14	2	1
85301	18,370	900	744
85302	5,051	293	252
85303	5,563	209	183
85304	2,640	151	130
85305	681	40	20
85306	2,537	133	130
85307	849	36	35
85308	3,520	177	180
85309	5	2	1
85310	704	41	31
85311	14	8	2



Zip Code	Title XIX/XXI AHCCCS Eligible Counts	Title XIX/XXI Enrolled Counts	Non-Title XIX/XXI Enrolled Counts
85312	7	6	5
85313	1	0	0
85318	11	2	3
85323	8,137	222	126
85326	3,596	116	70
85327	13	2	6
85331	575	27	49
85337	800	9	8
85338	2,256	61	49
85345	7,348	309	313
85351	477	27	46
85353	2,065	51	42
85358	186	21	10
85372	2	1	1
85373	248	13	22
85374	3,207	92	83
85375	142	20	56
85376	2	0	0
85378	6	1	0
85379	789	7	8
85380	16	4	5
85381	1,151	69	53
85382	1,606	87	71
85385	8	4	0
85387	385	10	2
85390	726	15	15

## Historical Problem Resolution Data

Category & Subcategory	SFY 2002			SFY 2003*		
	Child	SMI	GMH/SA	Child	SMI	GMH/SA
Treatment Services						
Counseling, Individual	16	14	2	12	19	1
Counseling, Group	1		1			1
Counseling, Family	1					
Consultation, Assessment	9	10	9	3	5	1
Other Professional	4					
Rehabilitation Services						
Living Skills Training						
Health Promotion						
Supported Employment		3				
Cognitive Rehabilitation					1	
Medical Services						
Medication Services	10	3	3	1	18	2
Lab. Radiology						
Medical Management	8	24	5		20	1
ECT						
Support Services						
Case Management	18	147	5	12	71	1
Personal Assistance						
Family Support	4	4	1	1	1	
Peer Support					1	
Respite Care	6	1				
Housing Support Services		4			1	
Interpreter Services		1			1	
Flex Funds					2	
Transportation	2	6			2	
Therapeutic Foster Care						
Crisis Intervention Services						
Mobile	1	2	2			
Crisis Service	2	14	6	1	10	
Residential Services						
Level II						
Level III	3	21		1	3	2
R & B						
Inpatient Services						

Category & Subcategory	SFY 2002			SFY 2003*		
	Child	SMI	GMH/SA	Child	SMI	GMH/SA
Inpatient Professional	1			1		
Hospital/Psychiatric	4	12	4	2	3	1
Hospital/Detox						
Subacute/Psychiatric		1				
Subacute/Detox						
RTC/Psychiatric	12			2		
RTC/Detox						
Behavioral Health Day Programs						
Supervised						
Therapeutic		2				
Medical						
Pharmacy						
Pharmacy					2	1
<b>Totals</b>	<b>102</b>	<b>269</b>	<b>38</b>	<b>36</b>	<b>160</b>	<b>11</b>

\* Represents the first six months of SFY03.

## ***Prevention Services***

The following presents data for Prevention services. These dollars come from federal block grants combined with state funding. The following tables include the dollar amounts for Prevention services from the financial statements for SFY00 – SFY03.

### ***Prevention Service Dollars***

Category of Service	SFY00	SFY01	SFY02	SFY03*
<b>Prevention</b>				
Prevention — HIV				
Prevention			\$ 5,465,917	\$ 2,662,257
Early Intervention/Prevention	\$ 4,750,374	\$ 5,687,316		
Block Purchase Drop-In Center				
<b>Substance Abuse</b>				
Prevention — HIV				\$ 200,231
Prevention				
Early Intervention/Prevention				
Block Purchase Drop-In Center				\$ 184,980
<b>Total</b>	<b>\$ 4,750,374</b>	<b>\$ 5,687,316</b>	<b>\$ 5,465,917</b>	<b>\$ 3,047,468</b>

\* Represents the first six months of SFY03.

### ***Prevention Participant Count***

Category of Service	SFY00	SFY01	SFY02	SFY03
<b>Number of Participants</b>	93,361	93,536	44,090	Not Available